TO: Wisconsin Government Accountability Board

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov/email: gab@wi.gov

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stat

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Martin Manderwey	1 59/5 380th, Ave. Burlington, WI 53/05	N Town O Village O City Wheat and	3/3///	
2. Henry A Rhodos	19900/128# St Bristol, Wis 53104	Dristol Dristol	3/3///	
3. Way Strucel	1400 Hunters Rodge anUnit 107 Grenog Gity WE 53128	Porillage Genua Gty	731/11	
3. May Strucel 4. Jason Hanenberger	34323 Bassett Rd Bassett WI 53101	Drown Davillage Bassett Dicity Wheatland	4/1/11	
5. Andrew Misicka	316 F. Northwater St. Silver loke WI	Drown Silver lake	4/1/11	
6. TAMES NIEHISAK	37605 113th st Treudy W: 53179	De Town Salem Utiliage Treater City	*///	
7.		☐ Town ☐ Village ☐ City		
8.		☐ Town ☐ Village ☐ City		
9.		☐ Town ☐ Village ☐ City		
10.		□ Town □ Village □ City		
	Certification of Circulate	or, certify	<i>'</i> :	
I reside at 5915 380 Hi. 1	Ave. Bucknaton	WI 53105		

(circulator's residence - include number, street, and municipality)

Please mail this form to:

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

(signature of circulator)

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22<sup>d</sup> Wisconsin State Senate District** (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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5. Brian GREK	6137 114 th ave - Yanshed wit 53142	Trown Village Scrity Vonc And	3/27/11
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district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 602

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis, Susts.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.ni.gov/email; gab@wi.gov

W/

# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

petition for the recall of Robert Wirch 224 District S

27d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

# STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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9. 7	6570 (Strat	☐ Town	, , ,
/ Clark ME	Kensiat WI SAK	Williage KENOSHI	7/29/11
10. Jan 1	6105 82 Menue	□ Town ,	$\overline{I}$
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	ator's residence - include number, street, and municipality)	) Pleasans	t Doelicte

Certification of Circulator
, OCH II, POUC
I reside at 486-84th Street, Kenosha, WI 53142
(circulator's residence - include number, street, and municipality)  Pleasand Prairie
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.
Please mall this form to:  Recall Wirch  GAB-170 (Rev. 6-2007) The information on this form is presented by the Government Accountability Downt, P.O. Box 26 • Silver Lake, WI 53170  Page No. 1603

то: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousiu State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison



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4. 6.4. 621	8206-61st St	□ Town		
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6. 8	6125 830 AVE	□ Town	2 22 11	
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7	WILL STE	( ) ( ) ( )	15-30 // I	
Certification of Circulator				

i, Deborah	A Price	Certification of Circulator	
·		e of circulator)	, certify:
I reside at <u>48/6</u>	84th Street	1 Kmosha, WI. 5342	Pleasant Prairie.
	(circulate	ors residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Was. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8605, http://gab.wi.gov\_email; gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousiu State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



SIGNATURES OF ELECTORS	E OF THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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district represented by the officeholder named in this petition. I know that each person signed the paper withfull knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am awar that falsifying this certification is punishable under

Please mail this form to: Recall Wirch GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 www.RecallWirch.com • RecallWirch@gmail.com 608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No.

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
1. Asha G, Kinney	1910 74th Pkie Kenssya, WI 53143	Drown Covilege Kenosha	2/28/11		
2. Course J. REEVES	7205 3157 AVENUE KENUSHA, WI 53142	D TOWN D VII)B98 KENDSHA	3/3/11		
3. Franks A Kuran	1910 74th FL Kenooka, WI 83143	D Town D Village D'City D'City D C N O S N O S N	3/3/11		
4. Clanfinny	1910 744 Place Kmarka WI 53443	orown Village Kenagla	34/11		
5 John E. Pals	6406 103 The Karosha, WE 58143	Drown Drillage Vanaska	75/4		
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10. Omos Llowh	9002 SHERIDAN QUACY	O Town REACSHA-Ocity	7-12-11		
Cartification of Circulator					

Certification of Circulator  Joshua Kinney	, certify:
I reside at 1910 74th Place Kenosha, WI 53143  (circulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that each person signed the paper with this personal personal petition. I know that each person signed the paper with this personal petition. I know that each person signed the paper with this personal petition. I am aware	ith full knowledge of its content on the date indicated that falsifying this certification is munishable under
§.12.13(3)(a), Wis. Stats.	Knyl

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 606

GAB-170 (Rev.6:2007). The information on this form is required by §§. 8:40 and 9:10, Wis. Stats. This form is prescribed by the Government Accountability floard, P.O. Box 7984, Madison, WI 53707-7984 608-266-4005, http://gob.wic.com/cross!; gebetani goa

(date)

# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountativity Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gah.wi.com/emil: gab@wi.gov

224 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

# STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



Page No.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
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	tor's residence - include number, street, and municipality)	,			
personally circulated this recall petition and personal	lly obtained each of the signatures on this pape	er. I know that the signers are electors of	f the jurisdiction or		
listrict represented by the officeholder named in this proposite his or her name. I know their respective reside	DELLICOL - I KNOW INAL EACH DEISON SIONED The ma	nër with full knowledge of its sentent	called dear to the action		
.12.13(3)(a), Wis. Stats.	/1	aware to at faisitying this certification is	punishable under		
(date)	<i></i>	<u> </u>			
	mail this form to: Recall Wi	(signature of circulator)			

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(ufficial with whom nomination papers or declaration of candidacy for the office is tiled)

We, the undersigned qualified electors of the <u>22<sup>sd</sup> Wiscousiu State Sexate District</u>
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	iicipality of residence, is not s ' always be list <u>ed.</u>	ufficient.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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2. Shirly Mong	4211-51 Ave Kenosha WI 53144	Town Village Konosha	3/28/11
3. Nanu Helia	3907 52 hd Ove Kanasha WI 53144	O Town O Village Kanoshe Stoily	3-28-11
Toll Wast	4003-52 Ave. Kenosha, WI, 5344	U Town U Village Kenosha	3-78-11
5. Ain	4003-52-99 Ac.	O Town O Village Scily Lenosha	3-28-/
6. loder	8307-66 St. Kenowa WI 5-42	O Town O Village DrCity Lenosha	3/30/2011
7. 1600.	8502-659 DI Kenosha UI 5319	Town O Village Renosha	3/30/20/1
8. Ang Co	8303 LOST PACE Kennsna INIS3142	O Village KOMRIA	3/3/120
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so. MajarraM & 3	6806 85 th Ave Kenosha W 53142	Town Stillago Fenesha	3-30-11
H-sc V	Certification of Circulate	or	

	Kenosna w	2214 C 1 day	10100		
	Certification of	Circulator			
I, Jeff Lauer				, certify:	
	e of circulator)				
I reside at 8770 83rd Place Pleasant Prairi	o, WL 53158 or's residence - include number, street,	and municipality)			*
I personally circulated this recall petition and personal district represented by the officeholder named in this popposite his or her name. I know their respective resident	etition. I know that each person	on signed the paper will	i full knowledge of	its content on	the date indicated
§.12.13(3)(a), Wis. Stats. 3 30 201(	Gen	Lauc			<u> </u>
(date)	wealt this form to	(signatur	e of circulator)		

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1608

то: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Rebusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



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10. Bob Ralite	4906. 26th St.	□ Town	2/20/11
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1. Michael Skalite	Certification of Circulato	or , certify	
I reside at 14/5 97 th	enve Kensha	WI 53/44	
	not a restource - include number, street, and municipanty)		
I personally circulated this recall petition and personal	illy obtained each of the signatures on this par	or I know that the stances are started	

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that alsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1609

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, <a href="http://gab.wis.gov">http://gab.wis.gov</a> email: gab@wisgov
W

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District (jurisdiction or district of officeholder)

22d District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

# STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	Purposes, when different than mun	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUSI	ALWAYS BE LISTED.	· · · · · · · · · · · · · · · · · · ·
SIGNATURES OF ELECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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3. Nikhul Wey	KENIDSHA, WI 53/42	Sycity KENosha	3/27/11
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	Certification of Circulate	A.M.	,

	Kenosha, WF Certification of Cir	rculator	Kenosha	
I, Jeff Lauer			, cert	ilfý:
	(name of circulator)			
I reside at <u>8770 83rd Place</u> Pleasant	Prairie, WL 53158. (circulator's residence - include number, street, and r	nunicipality)		Name and Associated a
I personally circulated this recall petition and p	personally obtained each of the signatures	on this paper. I know	that the signers are electo	rs of the jurisdiction of
I personally circulated this recall petition and r	personally obtained each of the signatures in this petition. I know that each person s	on this paper. I know	that the signers are electoral knowledge of its content	rs of the ju

Please mail this form to:

Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

(signature of cheulator)

Page No. 610

§. 12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>rd</sup> Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

# STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



The municipality used for mailing purposes, when different than municipality of residence, is not sufficient.  The name of the municipality of residence must always be listed.						
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also giclude box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING			
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3. Brune Atetolo	5769 29 Place	Cl Town □ Village CyCity Kerosha	3/30/11			
4. Mary Stelstoins	5209-29th B1 Kenosha 53144	12 Town 12 Village 12 City 12 Kerrosha	3/30/11			
5. Jul X Slemion	5134 28th st Kenosha WI 53144	o Town o Village Kenosha Becity	3/30/11			
6. Jan A Buyself	5104 28M ST KENDSHA WF 53144	□ Yown □ Village KGrosU4 ®City	3/30/11			
7. Jan Brusyll	5104 28th St Kenosha WI 53144	O Town O yillage (CCNOSLA	3/30/11			
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	Certification of	Circulator	
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	(name of circulator)		
l reside at <u>8770 83rd Place Pleas</u> a			,
	(circulator's residence - include number, street,	and municipality)	
I personally circulated this recall petition and district represented by the officeholder nam opposite his or her name. I know their respe	ed in this petition. I know that each pers	on signed the paper with full kno	wledge of its content on the date indicated
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		Recall Wirch	Page No.
GAB-170 (Rev.42007). The information on this form is required by 6 This form is prescrited by the Governmen Accountability Board, P.O	MAY 1984 A190600 WI 131117-1984	26 • Silver Lake, WI 531	70   10(1
605-266-8001, http://esh.mi.gov.enudl: gab@wi.gov	www.RecallWi	rch.com • RecallWirch@gr	nail.com

# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Sexale of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT,
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Barbara Wisneshi	26/7 136 th Auchae Kenosha, WI 53144	Mrown O Village City  Paris	3.16.11
2. Richard S. Harrollo	9422 Enot Ridge Dr. Pleasant Prairie, WI 53156	Town	3-16-11
3. Michael Michie	10206 80th Place Pleasant Prairie	Drown  Bryillage Pleasant Prairie	3-16-11
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Jeff LANET	Certification of Circulato	r, certify	

<u></u>	□ City	
1, Jeff LANET	Certification of Circulator, certify	:
I reside at 8770 B3KJ PL	ime of circulator)  Pleusant Prairie, WI 53158  Inter's residence - include number, street, and municipality)	
district represented by the officeholder named in this	ally obtained each of the signatures on this paper. I know that the signers are electors o petition. I know that each person signed the paper with full knowledge of its content or dences given. I support this recall petition. I am aware that falsifying this certification is	n the date indicated
(date)	(signature of circulator)	

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1612

GAB-170 (Rev. 67200). The information on this form is required by §§, 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison. WI 53707-7984
608-266-8005. http://cab.wi.gov-email:gab//wi.gov

# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	TALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Ruml address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. ROBERT J FOX 2. Debra L FOX	3520 CHERIDAN PAR	D Town D Village Town D Village VILLAG	4-2-11
3.		☐ Town ☐ Village ☐ City	
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I, GENIN NBROOK	Certification of Circulato	or , certify	:
reside at <u>8 201 66 45 (circ</u>	At Kenusha Willator's residence - include number, street, and municipality)	5314	
I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective resis. 12.13(3)(a), Wis. Stats.	s petition. I know that each person signed the pidences given. I support this recall petition. an	aper with full knowledge of its content of	on the date indicated

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

608-266-8005, http://gab.wi.gov/cmail: gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22<sup>rd</sup> Wiscousiu State Sexule District** (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>d</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



		<u> </u>				
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING			
William Mulay	5037 19th Ave	U Town U Villege Kenosha	3/19/11			
2. Dandle Homes	6622-59th AUR	U Town U Village Becity Ke.Vosha	4-2-11			
3. Ding Jan	5123 215T AUE	O Town O Village OCity  CTUST	4-2-11			
4. Cia Bunt	7806 35#1 AVENUE	Oroni Village KEN 05H4	4-2-11			
5. Rolay a. Ssetts	57/0-1257	Drown Plasat Dillage Dilly Prairie	4-2-11			
6. my May	9215 74th st	a Town Pleasant City Praire	4-2-11			
Debbie Moran	1418 73EC St	orown Kenosha	4-2-11			
8. Fran Moan	1418 73rd ST.	U Town U Village ACity KONDShG	4-2-11			
2 Fantuals	6725 52nd AUD	U Town U Village Chosha	4-2-11			
10. John Mylan	6725 52 Ad Ave	Ovillage Kerusha	4-2-11			
Certification of Circulator  1. Michael Kofroth , certify:						
I reside at 318 57 44 5 +	une of circulator)  ## Q 10	WI 53140				
(circulator's restocace - include number, succi, and municipanty)						

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1614

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Board. P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, <a href="http://gab.wi.gov">http://gab.wi.gov</a> email: gab@wi.gov

W

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22<sup>rd</sup> District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	,		
'Same and	1072684 TH PL PLEASANT IR WI 53158	D Town OKVIllage Pleasant Prairie D City	2-25-11	
2. Limbuly Heaveta	10704 8th Glace fl. fr NI 53158	Drown Willege Pleasant Prairie	3-4-11	
3. M. J. J. H.	922 38th 61- Kenasha, WI, 53140	Drown Drillege Kenashar	3/6/11	
4. You K defina	8715 108 Aug Pleasant Prairie W1 53158	© Town  © Village Pleasont Practic	3/20/11	
5 Kohot / Kageno	8715 108 th A.M. Dleasont Pravie WI 5318	© Town © Village Pleasant Prairie © City	3/20/11	
6. Lundere A Schof	1745 41st-Aue Kenoshu, W153144	RTOWN  O'VIllege Somers  Ocity	3/20/11	
1. Moneca M &	1745-4157AVe Kenosha	Ø:Town □ Village So <i>tnes</i> s □ City	3 -20-11	
Howen Karlelin	10726 84th Pl Pleasant Praycie WI	O Town Bright Pleasont Prairie	3/20/11	
9.		□ Town □ Village □ City		
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Day dina	Certification of Circulate	or	<del></del>	

$1, \frac{\gamma}{\gamma} \frac{\lambda \nu_{\gamma}}{\delta} \frac{\delta}{\delta}$	KY / CD /2	<del>27 )  </del>			, certily:	
I reside at 10726	8472	(name of circulator)	PP	53158	Boasant 1	nairie
	((	irculator's residence - includ	e number, street, and mi	micipality)		
I personally circulated this reca						
opposite his or her name. I kno						
§.12.13(3)(a), Wis. Stats.	7-20-11		(\\	In it		

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No.

(date)

TO: Wisconsin Government Accounts	RECALL PETITION		
(official	with whom nomination papers or declaration of candidacy for the	office is filed)	230 MBM
We, the undersigned qualified electors of th	e <u>22<sup>rd</sup> Wisconsin State Senate District</u>	t	Milk
petition for the recall of <b>Robert Wirch</b>	22 <sup>d</sup> District State Sevate of Wiscon (name of officeholder to be recalled and office)	NATA NATA 324	Have you seen me?
from office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
-	STATEMENT OF REASON FOR R	V 25	ZA Ĉ
•	for city, village, town, and school district officials. No statement of reason is required to initiate the re		www.RecallWirch.com RecallWirch@gmail.com (282) 298-9422
Refusing to represent the citizens of	Wisconsin 22 <sup>nd</sup> State Senate District	in Madison.	
	o pu nomento nome caso		:
	JING PURPOSES, WHEN DIFFERENT THAN MU E OF THE MUNICIPALITY OF RESIDENCE MUS		SUFFICIENT.
SIGNATÜRES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Judich Plade	1249 37TH Court	Town O Village Sucity  Kenosha	3-25-11
2. Papuro Done	(249 3) to Count	Specity Kennisha	3/25/4
3.		□ Town □ Village □ City	
4.	Light Control of the	☐ Town ☐ ☐ Village ☐ City	
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10.		□ Town □ Village □ City	
	Certification of Circulate	or	<u>. I                                   </u>
1, Judith I lad	(name of circulator)	, certif	y:
I reside at 1249 377H C	Wrt, Kenusha WI 5 (circulator's residence - include number, street, and municipality)	3144	
district represented by the officeholder named in	rsonally obtained each of the signatures on this pa this petition. I know that each person signed the residences given. I support this recall petition. I a	paper with full knowledge of its content	on the date indicated
§.12.13(3)(a), Wis. Stats.  3-25-11 (date)	Qudish	(signature of circulator)	
· · · · · · · · · · · · · · · · · · ·	ase mail this form to: Recall V	,	<del></del>

**Recall Wirch** 

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1616

TO: Wisconsin Government Accountal	RECALL PETITION		OPEN
Official with the control of the con	th whom nomination papers or declaration of candidacy for the	office is filed)	200
We, the undersigned qualified electors of the			Milk
	(jurisdiction or district of officeholder)	, man p	Have you seen me
petition for the recall of Robert Wirch	22d District State Sevate of Wiscom (name of officeholder to be recalled and office)	siu	
from office pursuant to Article XIII, Section			4
(The reason for recall must be stated on petitions f the official responsibilities of the officeholder. No legislative, judicial, or county officials.)	STATEMENT OF REASON FOR RI or city, village, town, and school district officials, o statement of reason is regulred to initiate the rea	The reason must be related to 📰 🔊	www.RecallWireh.com RecallWireh@gmail.com (282) 208-9422
Refusing to represent the citizens of U	<u> Jisconsin 22ª State Senate District i</u>	n Madison.	
THE MUNICIPALITY USED FOR MAILE	ng purposes, when different than mur	NICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
THE NAME	OF THE MUNICIPALITY OF RESIDENCE MUS	ALWAYS BE LISTED.	<del></del>
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. She la Sobegah	4916 Field in. Waterfield NI 53185.	© Town □ Village Waterford □ City	3-31-11
1. She by Sobegah  2. Ti Bah	Waterford, WI 53185	Dillinge Waterford  BiTown Village Waterford  City	3-31-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		Li Town Li Village Li City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town: ☐ Villege ☐ City	
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I, Shik S. byat	Certification of Circulat	<b>OT</b> , certif	y;
I reside at 44/6 Field Ln W	(name of circulator)  Leford (Frun).  irculator's residence—include number, street, and municipality)		· · · · · · · · · · · · · · · · · · ·
I personally circulated this recall petition and per district represented by the officeholder named in opposite his or her name. I know their respective	sonally obtained each of the signatures on this paths petition. I know that each person signed the	per. I know that the signers are electors paper with full knowledge of its content m aware that falsifying this certification i	on the date indicate
(date)		(signature of circulator)	

Please mail this form to: Recall Wirch

GAB-176 (Rev.6/2007) The information on this form is required by \$4.840 and 9.10, Wis. Stats.

P.O. Box 26 • Silver Lake, WI 53170

This form is prescribed by the Government Accommodified Board, P.O. Box 7984, Madison, WI 53707-7984

Www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountable	ility Board h whom nomination papers or declaration of candidate for the	and the state of t	T Fami
We, the undersigned qualified electors of the			Have you seen me?
petition for the recall of Robert Wirch	22d District State Senate of Wiscon	oin	
from office pursuant to Article XIII, Section	(name of officeholder to be recalled and office)  12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
(The reason for recall must be stated on petitions fo the official responsibilities of the officeholder. Na legislative, judicial, or county officials.)	STATEMENT OF REASON FOR RI or city, village, town, and school district officials, statement of reason is required to initiate the rec	The reason must be related to	www.RecallWirch.com RecallWirch@gmall.com (262) 288-9422
<u>Refusing to represent the citizens of W</u>	<u>lisconsin 22<sup>rd</sup> State Senate District i</u>	n Madison.	
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	G PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUS		uppicient.
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2 Range R. Lott	Burlington WI 53105  Burlington WI 53105	Bitown Spring Prairie	3/31/11
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I, Christopher G Roth	(name of circulator)	, certify	K;
Treside at Wing View	and the second of the second o	, Spring Prairie	· 
I personally circulated this recall petition and personally circulated this recall petition and personal district represented by the officeholder named in the opposite his or her name. I know their respective	his petition. Tknow that each person signed the esidences given. I support this recall petition. I a	paper with full knowledge of its content of	on the date indicate
Plea GAB-170 (Rev.6/2007) The information on this form is required by \$\$, 8.40 and This form is prescribed by the Government Accompability Board, P.O. Box 7984 608-266-8003, http://gab.wi.gov.cmail: gab@wi.gov.	se mail this form to: Recall V 19.10, Wis, State. I, Madison, WI 53707-7984. P.O. Box 26 • Silver www.RecallWirch.com • R	Lake, WI 53170	1618.

TO: Wisconsin Government Accountable	Elity Board  1 whom nomination papers or declaration of candidacy for the o	office is tiled)	T. Control
We, the undersigned qualified electors of the			Have you seen me?
petition for the recall of Robert Wirch	22d District State Senate of Wiscom	siu	Nave you account
***************************************	(name of officeholder to be recalled and office)		
from office pursuant to Article XIII, Section 1	2 of the Wisconsin Constitution and §.9.10 of STATEMENT OF REASON FOR RE		To the state of th
(The reason for recall must be stated on petitions fo the official responsibilities of the officeholder. No	r city, village, town, and school district officials, I	he reason must be related to 🔣 📉	www.RecellYfrch.com RecellYfrch@gmail.com (282) 298-9422
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" Karley Horn	Bullinetus WI 53105	City Rochester	3 31 11
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I, Kasey Herr	Certification of Circulate	or, certif	y:
Treside at 33150 Aco	(name of circulator)  Lemy Ro  reulator's residence - include number, street, and municipality)	Nington WI S310	<u> </u>
I personally circulated this recall petition and personal district represented by the officeholder named in the opposite his or her name. I know their respective res	onally obtained each of the signatures on this parties petition. I know that each person signed the p	aper with full knowledge of its content n aware that falsifying this certification	on the date indicated
Plea	se mail this form to: Recall V	Virch Page N	<u> </u>
GAB-170 (Rev.6/2007) The information on this form is required by \$5, 8.40 and This form is prescribed by the Government Accommbility Board, P.O. Box 7984-608-266-8005, <a href="https://gab.wi.gov.email:gab@wi.gov.">https://gab.wi.gov.email:gab@wi.gov.</a>	19.10, Wis. Stats. PO Roy 26 • Silver	Lake, WI 53170	<u>" 1017 .]</u>

	RECALL PETITION	[	
TO: Wisconsin Government Account	ability Board  I with whom nomination papers or declaration of candidacy for the	office is filed)	25000
	nc <u>22<sup>d</sup> Wisconsin State Senate Distric</u>		Milk
	(jurisdiction or district of officebolder)		Have you seen me
petition for the recall of Robert Wirch	22d District State Senate of Wiscon (name of officeholder to be recalled and office)	win	
from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
	STATEMENT OF REASON FOR R		
(The reason for recall must be stated on petition the official responsibilities of the officeholder. legislutive, judicial, or county officials.)	is for city, village, town, and school district officials. No statement of reason is required to initiate the re	The reason must be related to call of state, congressional,	write Recall Wisch.com Recall Wisch & gmail.com (262) 298-9422
<u>Rebusing to represent the citizens of</u>	Wisconsin 22 <sup>rd</sup> State Senate District	in Madison.	
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	LING PURPOSES, WHEN DIFFERENT THAN MU		uppleient.
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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Bachara Gurpun		City Burlington	3-3-11
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	Certification of Circulat	or	- <del></del>
I, BARBARA PU	RPURA	, certif	y:
Travidant 3 3626 AANT	(name of circulator)  OUR DR BURLIA  (circulator's residence—include number, street, and municipality)	VGON	
Treside at 5 x 62 6 Con 7 6	(circulator's residence include number, street, and municipality		
district represented by the officeholder named opposite his or her name. I know their respective	personally obtained each of the signatures on this pain this petition. I know that each person signed the ve residences given. I support this recall petition. I a	paper with full knowledge of its content	on the date indicate
	ease mail this form to:	Mirch	1, 1
GAB-170 (Rev.6/2007) The information on this form is required by §5. & This form is prescribed by the Government Accommobility Board, P.O. Box 608-266-8005, <a href="https://www.neuri.gov.email:gab@wi.gov.">https://www.neuri.gab@wi.gov.</a>	60 gaid 9.10, Wis. Stats. PO Boy 26 • Silver	r Lake, WI 53170	1620

ro: Wisconsin Government Accounts	ability Board with whom nomination papers or declaration of candidacy for the	adlicate filed)	an parti
We, the undersigned qualified electors of th	e 22 Wisconsin State Senate Distric (jurisdiction or district of officeholder)		Haye you seen me
petition for the recall of Robert Wirch	22d District State Senate of Wiscon (name of officeholder to be recalled and office)	usiu	
from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
	STATEMENT OF REASON FOR R		
The reason for recall must be stated on petitions he official responsibilities of the officeholder. I egislative, judicial, or county officials.)	s for city, village, town, and school district officials, No statement of reason is required to initiate the re	The reason must be related to call of state, congressional,	www.RecellWirch.com RecellWirch@gmaH.com (262) 298-9422
<u>Refusing to represent the citizens of</u>	Wisconsin 22 <sup>nd</sup> State Senate District	in <u>Madison.</u>	
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	ING PURPOSES, WHEN DIFFERENT THAN MU E OF THE MUNICIPALITY OF RESIDENCE MUS		Sufficient.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
, RONALD SAJANKAWSKI	Rural address must also include box or fire no.  450 Awy 83	Indicate Town, City, or Village	SIGNING
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RONALD S. JANK	SMSK4	, certif	y:
16501 11.1v \$3:	(name of circulator) BURLINGTON, W1. 53105		•
reside at 7301 17000)	(circulator's residence—include number, street, and municipality	<u> </u>	
personally circulated this recall petition and plistrict represented by the officeholder named in pposite his or her name. I know their respective 12.13(3)(a), Wis. Stats.	ersonally obtained each of the signatures on this partition. I know that each person signed the eresidences given. I support this recall petition, I	aper. I know that the signers are electors saper with full knowledge of its content unlaware that falsifying this certification i	of the jurisdiction of the date indicate in the date indicate is punishable under
(date)	ease mail this form to: Recall	(signature of circulator)	<del>\</del> ,
AB-176 (Rev.6/2007) The information on this form is required by §§. 8.40	and 9.10, Win, State. PO Box 26 • Silve	I Page No	. 162   1
his form is prescribed by the Government Accompability Board, P.O. Box 7 08-266-8003, http://web.wi.gov.com.ail; sab@wi.gov	www.RecallWirch.com • F	-	•

lite	RECALL PETITION	·	
TO: Wisconsin Government Accountable	<b>LUL BOOLA</b> whom nomination papers or declaration of candidacy for the	office is filed)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
We, the undersigned qualified electors of the 2	2d Wisconsin State Senate Distric		Milk
	(jurisdiction or district of officeholder)		Have you seen me
petition for the recall of Robert Wirch 2	2 <sup>a</sup> District State Sexate of Wiscox (name of officeholder to be recalled and office)	siu	>
from office pursuant to Article XIII, Section 1	2 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
· · · · · · · · · · · · · · · · · · ·	STATEMENT OF REASON FOR R	ECALL	*
(The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No s legislative, judicial, or county officials.)	city, village, town, and school district officials,	The reason must be related to	rww.ReceilWirch.com ReceilWirch@gmail.com (262) 298-9422
Refusing to represent the citizens of W	iscansin 22ª State Senate District i	in Madison.	:
Tooling and and are are a second and a second a second and a second and a second and a second and a second an			
	G purposes, when different than mui f the municipality of residence mus		uppicient.
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	Certification of Circulat		·
I, JOMENIE TING		, certify	Ķ.
I, JOMENIE HING Treside at 29214 Bushne	name of circulator)  L GH BOK IT NG A  culator's residence - include number, street, and municipality)	tov WI 5310	5
I personally circulated this recall petition and personal district represented by the officeholder named in the opposite his or her name. I know their respective re	onally obtained each of the signatures on this pairs petition. I know that each person signed the sidences given. I support this pecall petition. I a	paper with full knowledge of its content on aware, that falsifying this certification is	on the date indicate
§.12.13(3)(a), Wis, Stats.	Aprinie	(signature of circulator)	

Please mail this form to: Recall Wirch

GAB-170 (Rov.6/2007) The information on this form is required by \$5, \$4.00 and 9.10, Wis. Stats.

P.O. Box 26 • Silver Lake, WI 53170

This form is prescribed by the Government Accommandiby Board, P.O. Box 7984, Madison, WI 53707-7984

WWW.RecallWirch.com • RecallWirch.@gmail.com

Page No. 1622

Page No. 623

TO Wisconsin Government Accountab	RECALL PETITION ility Board		MSIL
(official with which the undersigned qualified electors of the	h whom nomination papers or declaration of candidacy for the 22 <sup>d</sup> Wiscousiu State Senate District (jurisdiction or district of officeholder)		Have you seen me?
petition for the recall of Robert Wirch	22 <sup>rd</sup> District State Senate of Wiscon (name of officeholder to be resalled and office)	oin	
from office pursuant to Article XIII, Section	•		
(The reason for recall must be stoted on petitions for the official responsibilities of the officeholder. No legislative, Judicial, or county officials.)	statement of reason is required to initiate the rec	all of state, congressional,	www.RecallWirch.com RecallWirch@gmail.com (292) 298-9422
Refusing to represent the citizens of U	lisconsin 22 <sup>4</sup> State Senate District i	н Madisoн.	
l a	G PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST	· · · · · · · · · · · · · · · · · · ·	UPPICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Melvin Moat  2. Sarah Moat  3. Dean Moat	1629 S. Browns Lk. Dr.	Trown Burlington City	APT111,2011
2. Sarah moat	16295, Browns Sk. Dr.	Delty Durling Ton	4/1/11
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Tracide at 1629 5. Brown 5 LK	(name of circulator)  (name of circulator)	, certify	, , , , , , , , , , , , , , , , , , ,
I personally circulated this recall petition and personally circulated this recall petition and personal district represented by the officeholder named in to opposite his or her name. I know their respective r	conally obtained each of the signatures on this paths petition. I know that each person signed the pesidences given. I support this recall petition. I am	paper with full knowledge of its content on aware that falsifying this certification is	on the date indicated punishable under

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accompability Board, P.O. Box 7984, Madigon, WI 53707-7984

608-266-8005, http://gab.wi.gov\_crnait.gab@wi.gov\_W P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

Totale Senate of Wisconsin  Totale Senate of Wisconsin  To Constitution and §.9.10 of the Wisconsin Statutes.  OF REASON FOR RECALL  and school district officials. The reason must be related to is required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required to initiate the recall of state, congressional,  The reason must be related to its required
OF REASON FOR RECALL  and school district officials. The reason must be related to its required to initiate the recall of state, congressional,  Recall Madison.  EN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  ATTY OF RESIDENCE MUST ALWAYS BE LISTED.  MBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE SIGNING ATA.  DISTORTION OF TOWN
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Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1624

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, <a href="http://gab.wi.gov">http://gab.wi.gov</a> email: gab@wi.gov

(date)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>rd</sup> Wisconsin State Senate District

strict <u>State Sexate of Wisconsin</u> petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of W	isconsin 22 <sup>nd</sup> State Senate District i	in Madison.	
	G PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUS		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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When Wanden	8571 Bre	Drown Brillage Pleasent Proces	3/26/11
Eusel June J	7200 - 34th Ave	Strong City KEWDS111A	3/26/11
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ı, <u>C</u>	RA16	BASLE	R Certif	ication of Circulate	r	, certify:	
I reside at	7726	, 26	(name of circulator)	KENOSHA,	WI.	53143	
_			(circulator's residence - in	clude number, street, and municipality)			

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recallmetition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

□ City □ Town

□ Village □ City

P.O. Box 26 • Silver Lake, WI 53170

Page No.

Have you seen me'i

10.

TO: Wisconsin Government Account	ability Board with whom nomination papers or declaration of candidacy for the	office is filed)	(0):1 N
	ne 224 Wisconsin State Senate Distric	•	Milk
		Have you seen me?	
petition for the recall of Robert Wirch	22 <sup>rd</sup> District State Sexate of Wiscon (name of officebolder to be recalled and office)		
from office pursuant to Article XIII, Section	on 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	No.
	STATEMENT OF REASON FOR R		
(The reason for recall must be stated on petition the official responsibilities of the officeholder.	s for city, village, town, and school district officials. No statement of reason is regulred to initiate the re	ine reason must be related to call of state, congressional,	www.RecallWirch.com RecallWirch@gmall.com
legislative, judicial, or county officials.)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(262) 298-9422
<u>Refusing to represent the citizens of </u>	Wisconsin 22 <sup>rd</sup> State Senate District	<u>in Madison.</u>	
<del></del>	· · · · · · · · · · · · · · · · · · ·		·
	LING PURPOSES, WHEN DIFFERENT THAN MU		s not sufficient.
	E OF THE MUNICIPALITY OF RESIDENCE MUS		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDE Indicate Town, City, or Villa	G163 733763
<b>d</b>	3540 STEELE RD	tX Town	
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		U City	1010-01
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I, PATRICIA OTTEN	Certification of Circulat	tor	, certify:
·	(name of circulator)	-	-3
I reside at <u>5540 STEELE</u>	(circulator's residence include number, street, and municipality	<u> </u>	
I personally circulated this recall netition and n	personally obtained each of the signatures on this p	aper. I know that the signers are	electors of the jurisdiction of
district represented by the officeholder named i	in this petition. I know that each person signed the ve residences given. I support this recall petition. I	paper with full knowledge of its	content on the date indicate
§.12.13(3)(a), Wis. Stats.	ve residences given. I support this recall petition. I support this recall petition.	າ)	nemini is homenenie minei
§:12.13(3)(a), Wis. Stats. 3-3/-//		(signature of circulator)	
	ease mail this form to: Recall	Wirch	Page No. 1626
GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.4 This form is prescribed by the Government Accountability Board, P.O. Box	0 and 9.10, Wis, Stats. P.O. Box 26 ◆ Silve 7984, Madigon, WI 53707-7984 P.O. Box 26 ◆ Silve		1024

No. the undersigned qualified electors of the 2" Wiscensin Stale Senate Dibbriet (unabeliate or district of libeliate)  control from the recall of Robert Wisce. 1" District State Senate at Wiscensin Constitution and § 9.10 of the Wisconsin Statutes.  Tom office pursuant to Article XIII, Section 12 of the Wiscensin Constitution and § 9.10 of the Wisconsin Statutes.  STATEMENT OF REASON FOR RECALL  The reason for recall must be stated an position for the, village, inore, and actived district effectable, the reason must be related to the effect and reproduction for chy. Village, inore, and actived district effectable, the reason must be related to the effect and reproduction for chy. Village, inore, and actived district effectable, the reason must be related to the effect of state, congressional, glatative, judicial, or country efficials.  STATEMENT OF REASON FOR RECALL  The reason for recall and positions for chy. Village, inore, and actived district efficials, the reason must be related to the effect of state, congressional, glatative, judicial, or country efficials.  STATEMENT OF REASON FOR RECALL  THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DEFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DEFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DEFERENT THAN MUNICIPALITY OF RESIDENCE, is NOT SUFFICIENT.  THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DEFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DEFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DEFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MUNICIPALITY OF RESIDENCE, AND MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MUNICIPALITY OF RESIDENCE, AND MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MUNICIPALITY OF RESIDENCE, AND MUNICIPALITY OF RESIDENCE, IN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICI	ro: Wisconsin Government Accounta	RECALL PETITION biliby Board		
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personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction lighting represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicate.	MANK GROCHOWS	Certification of Circulat  (name of circulator)  ONE RO SPRING PRANCE	:or 	ertify:
poposite his or her name. I know their respective residences given. I support this recall petition. I am aware that faisitying this certification is punishable under 12.13(3)(a), Wis. Stats. 4-1-11	I personally circulated this recall petition and p district represented by the officeholder named in opposite his or her name. I know their respective	(circulators residence include number, street, and municipality ersonally obtained each of the signatures on this partition. Tknow that each person signed the	aper. I know that the signers are elect paper with full knowledge of its con am aware that falsifying this certificat	iteut ou the date indicate
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Please mail this form to: Recall Wirch  AB-170 (Rev.6/2007) The information on this form is required by \$\$. 8.40 and 9.10, Wis. Stats. P.O. Box 26 • Silver Lake, WI 53170  Page No.   62-7			··	se No. 1627

	RECALL LETTION
TO: Wiscousin Government A	Iccountability Board
	(official with whom nomination papers or declaration of candidacy for the office is filed)
	a. and tellimentin Clate Courte District

We, the undersigned qualified electors of the **22° Wiscousiu State Sexule District** (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING			
1. Mike Holnik	13L15 38th of	Town Kenosha	3/5/11			
2. Januar Wood	7107 32nd Ave	Orcity Tenosha	3-5-11			
3.	6905671577110 Heroshaws 531110	U Town U Village Hen 5 Sha Sycity	3-5-11			
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Certification of Circulator  I. DAVID M. KRUEGER	. certify:
THE POLICE OF THE PROPERTY OF THE PROPERTY OF THE POLICE O	,
reside at 6905 67th St. #110 KENDSHA WI	53142
(circulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are edistrict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its copposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certific §.12.13(3)(a), Wis. Stats.  3-3-2011  (date)	ontent on the date indicated

Please mail this form to:

RecallWirch

GAB-170 (Res. 0:2017) The information on this form is required by 48, 840 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 26 Silve) Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1628

TO: Wisconsin Government Accountal	RECALL PETITION  illity Board  th whom nomination papers or declaration of candidacy for the control of the con		2003B
We, the undersigned qualified electors of the	22 Wisconsin State Senate District		Milk
	(jurisdiction of district of officeholder)  22d District State Senate of Wiscons (name of officeholder to be recalled and office)		Have you eeen me?
from office pursuant to Article XIII, Section		of the Wisconsin Statutes.	
(The reason for recall must be stated on petitions f the official responsibilities of the officeholder. No legislative, judicial, or county officials.)	STATEMENT OF REASON FOR RE for city, village, town, and school district officials. I a statement of reason is required to initiate the rec	CALL the reason must be related to all of state, congressional,	www.RecalWirch.com RecalWirch@mail.com (262) 298-9422
<u>Refusing to represent the citizens of U</u>	<u> Visconsin 22ª State Senate District in </u>	t Madison.	······································
	ng purposes, when different than mun of the municipality of residence must		JFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
1. ( ) ( ) ( )	Rural address must also include box or fire no.  WAGO Huy D Bud'ing Ten	Indicate Town, City, or Village	3/20/11
Jarev Nichols	WF, 53105	City Print Place	1/20/11
2. Margaret Nichols	Bucking ton W 53105	Spring Prairie	3/3/411
3. Januar Makos	Alga HD	D Town Own Rais	3/8/111
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I reside at W990	Hwy D Burling to Riculator's Jesidence - include number, street, and municipality)	n WI 53105 Property Physically /	ocatediv
district represented by the officeholder named in	sonally obtained each of the signatures on this pathis petition. I know that each person signed the presidences given. I support this recall petition. I are	per. I know that the signers are electors of paper with full knowledge of its content of	on the date indicated
(date) Ple:  CAB-170 (Rev.6/2007) The information on this form is required by \$5. 8.40 a	ase mail this form to: Recally	Virch Page No.	1629
This form is prescribed by the Government Accountability Board, P.O. Box 79: 608-266-8005, http://sah.wi.gov/email: gah@wi.gov	www.RecallWirch.com ◆ Re		<u>*</u> I

# RECALL PETITION zonsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 224 Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22<sup>rd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

# STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

603-266-8005, <u>http://gab.wi.gov</u>-cmail:gab@wi.gov

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		FFICIENT.
THE NAME OF SIGNATURES OF ELECTORS	THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
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2.	<u> </u>	☐ Town ☐ Village ☐ City	
3. 474 22m	DO Day 102	D Town Utillage City Grenius CATY	35.11
4. Ellin R. Hanom	BULLINGLAU, UT	Drillage Clay Cary	3/5/11
5. TAKE HANSON	932 N-15-50	D Town U Village BURLINGTOY.	3/5/11
6. Alice Kastello	23401 8 Mile Rd Muskego, WI	Dillage Norway	3-5-11
7. YANKY GERMAN	10286510553- 1576 B9100B2, 53163	Town   Village   Will file (CE'1)-	3/5/11
8. KUZT FLOCK	WATERFORD \$3185	D'Town U Village U City () ATURIFOR D	315-11
9. Paul Newberry	Bul 19/00 UI 33/05	O Town O Village Bulling less	3.5.11
10.	4936 BC 172 PZ	gTown   G Village   City W 2 4 2 1 / C C	3/5/1/
JOAN FAMPRI	Certification of Circulate	)r , certify	•
I reside at $980$ S, $FOX$ $k$	me of circulator)  Oak  Ouk  lator's residence - include number, street, and municipality)	WI 53154	
I personally circulated this recall petition and a soon district represented by the officeholder named in opposite his or her name. I know their respective is §.12.13(3)(a), Wis. Stats.	ally obtained each of the signatures on this pay	paper with full knowledge of its content o	n the date indicated

**Recall Wirch** 

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22<sup>nd</sup> District State Sexate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

# STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		IFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	<del></del>
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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2 12	603 mux Ruch Ri		
2. Kustic Beller	Burlington WI BIUS	DCity BWALL NOTON	3.5-11
3 -	360 INSIAN BEND PU	⊔ lown	
3. DANIEL FEMING	Builing for WI 53185	acity BWRJ-Instron	3-5-11
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<u> </u>	<u> </u>	],	<del></del>
Coast Fallow	Certification of Circulate	or	

I. CHAN I WAS ELO,	, certify:
I reside at 9801 S. (name of circulator)	RUN Oak Creek WI 5315H
(circulator's residence - in-	clude number, street, and municipality)
district represented by the officeholder named in appetition. I know	ch of the signatures on this paper. I know that the signers are electors of the jurisdiction of we that each person signed the paper with full knowledge of its content on the date indicated support this recall petition. I am aware that falsifying this certification is punishable under
(date)	(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1631

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.				
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF				
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Lison Sayre	Bullington wI 53105	O City BURLING DO.	21 ///				
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troi 1/4-7	Perlinetan UI	City Burly ton	315 11				
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		☐ Village ☐ City					
6. 1/1 1/ (	333 Edward 51	Town Villade	2/1				
KATY HEINBrock	Burlington WI 53105	City BURLING P	2/2/11				
7. 8-4 10 11	132 Buil 1 1 # 139	Sk Town	3)5)4				
Or the Kilden	Bul / 53/05	a city BURLINGTON	0/B/h				
8	232 Sward + 4139	Town O Village A 1 2 1 1 1 1 1	1 3 3				
Duckard Lehbing	13ml 153/05	O CILY BURNINGO	3/5/N				
2.	490: 368 Th AVE	St Town	3/1				
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I, WURN MANN		, certify	<b>"</b> :				

I reside at 980 S.FGX RNN Dak Ouk W1 53154  (circulator's residence - include number, street, and municipality)  I personally circulated this recall petition and conally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in appetition. I know that each person signed the paper with full knowledge of its content on the date indicate opposite his or her name. I know their respective is gences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.	1, <i>UOG</i>	U) 7	WODR)						, certify:	
I personally circulated this recall petition and as onally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in appetition. I know that each person signed the paper with full knowledge of its content on the date indicate opposite his or her name. I know their respective is a cences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.	I reside at	1801	S. FOX	(name of circulator)	Dak	Cruk	$\omega_I$	5315	-y	
I personally circulated this recall petition and a conally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in appetition. I know that each person signed the paper with full knowledge of its content on the date indicate opposite his or her name. I know their respective is gences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis, Stats.	·	· · · · · ·		(circulator's residence -	include number, stre	et, and municipality)			<u> </u>	
(date)  Please mail this form to:  Recall Wirch	district represented opposite his or her	by the offiname. I kn	call petition and ceholder named in ow their respective (2)	conally obtained petition. I know the petition. I know the petition is the petition of the pet	ow that each pe I support this re	rson signed the pa call petition. I am	per with full aware that fa (signature of cire	knowledge of i Isifying this cer	ts content on the	date indicated

P.O. Box 26 • Silver Lake, WI 53170

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.cov\_cmail; gab@wi.gov\_

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder,

petition for the recall of Robert Wirch

opposite his or her name. I know their respective i

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§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov\_cmail: gab@wi.gov

22<sup>rd</sup> District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



am aware that falsifying this certification is punishable under

Page No.

(signature of circulator)

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

	THE NAME OF THE PARTY OF THE PA	INCUDAL STRANGE DESIDENCE IS NOT D	UPPICIENT		
	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
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2. Linda Viol	211 5, Water 57. Waterford, WI 53185	D Town SI Village Waterford City	3/5/11		
3. Da 10 2	Bullista WI 53/05	St Town     Sugarant     O Village     □ City	3/5/1)		
1 Thadles Jacks 124	314 E. 14AIN WATERFORD	a Town Waterfurd	3/5/1		
5. Murdy Kh	29448 Eagle Ridge Dr.	D'Town Cochestee	3/5/11		
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9. (wiskley	Builing, Wi	Village Scott May 101	3/5/11		
10. (I say dige!	9314 Chara D	Town Utilage City	3/5/11		
Toan Falsber Certification of Circulator , certify:					
reside at 980) S. FOX	lator's residence - include number, street, and municipality)	ih W153154	<del></del>		
I personally circulated this recall petition and district represented by the officeholder named in	ally obtained each of the signatures on this pa	per. I know that the signers are electors	of the jurisdiction o		

ences given. I support this recall petition.

Please mail this form to:

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22<sup>rd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

# STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING				
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2. Duniel J Breuchm	BUNINGTONIA STILE	chrown Buk Lits/un	3-5-11				
3. Heory Cutte	36712 57 174 ST Burlyton, WF 53103	Stown Dillege Whatland	3.5-11				
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5. Anglici, Comes	Burlingto, WI. 53105	Orly Bully for	3.5.11				
6. Defra / Coman	420 Pine (rove	O Town City	3 5-11				
7. Caffor C. Carlson	381 HILHRINE Rd BURLINGTON, WI 53115	D'Cily BURLINGTON	3-55-11				
8.		☐ Town ☐ Village ☐ City					
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7.644	Certification of Circulate	or					

1 160	Fabbai		ation of Ci	rculator		, certify:	
I reside at 980	1 S.FUX	(name of circulator)	Dak	Crup	W1531	54	
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I personally circulated thi district represented by the opposite his or her name. §.12.13(3)(a), Wis. Stats.	officeholder named in I know their respective	petition. I know	that each person s	signed the paper with I	full knowledge of its c	content on the date indica	tec

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats, This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, <u>http://gab.wi.gov</u>-email; gab@wi.gov

(date)

isconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

petition for the recall of Rahert Wirch

District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.				
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
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Wighthan Kursin Danies	Union (new VVI	/u city	•	
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3. M. L. B.	- 234 NPERILINS BLVD	D Town D Village B Un Un Viv	3/5/11	
4.	Matitoral WI 58183	D Town	3/5/1/	
5. J) Mayer	Burlington, WI	Town Village Rachestu	3-511	
6. L. May 115	29323 FOLICIPINYER	SVillage (Xhist (4	3-5-11	
7. Henry Wyom 40	BUY INGTON WI	Dillage Bur hingten	3-5-11	
& Chruns Anders	Allo Tahoe Dr Burlington WI	O Cily BURLINGTON	3-5-1/	
9.	J'	☐ Town☐ Village☐ City		
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^ 7	Certification of Circulator	
Loan Talobre	Continuation of On Camera	, certify:
1 reside at 980) 5, FO	ame of circulator) X Run Dak Cruk	W153154
(circ	nlator's residence - include number, street, and municipality)	, 9,
I personally circulated this recall petition and district represented by the officeholder named in	nally obtained each of the signatures on this paper. I know the petition. I know that each person signed the paper with full	hat the signers are electors of the jurisdiction I knowledge of its content on the date indicate

opposite his or her name. I know their respective respective receives given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

GAB-170 (Res.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats. Comm is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 3005, http://gab.wi.gov\_cmail:gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22<sup>rd</sup> District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



The municipality used for mailing purposes, when different than municipality of residence, is not sufficient.				
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST		ı——	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
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1, Michael P. Hen	, certify	<i>t</i> :		
(n	ame of circulator)			

1, Michael P. Hankes	cation of Circulator	, certify:		
(name of circulator)	Kenosha	·		
	clude number, street, and municipality)			
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under (signature of circulator)				
Diaga mail this fo	arm to:			

Please mail this form to:

n to: Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

Page No. 1636

And the second of the second o			
TO: Wisconsin Government Accountabile	RECALL PETITION  illy Board  whom nomination papers or declaration of candidacy for the	office is filed)	£4.0940
We, the undersigned qualified electors of the $\underline{2}$	2 <sup>d</sup> Wisconsin State Senate District purisdiction of district of officeholder)	Wlamin p	Milk Have you seen me
petition for the recall of Robert Wirch 2		ain	<u>,                                     </u>
· · · · · · · · · · · · · · · · · · ·	TATEMENT OF REASON FOR RI	ECALL	
(The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No st legislative, judicial, or county officials.)	city, village, town, and school district officials. atoment of reason is required to initiate the rec	The reason must be related to call of state, congressional,	www.RecallWirch.com RecallWirch@gmail.com (202) 288-9422
Refusing to represent the citizens of Wi	oconsin 22 <sup>d</sup> State Senate District i	н Madison.	18 8 M 18 18 18 18 18 18 18 18 18 18 18 18 18
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2. Harmon Sugar	30147 ARROW DRIVE Burlington, WI 53105	action Burlington	3-31-11
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I, Harmony Triplett	-	, certif	y:
I reside at 30147 Ar	ame of circulator) Drive Burl ulator's residence—include number, street, and municipality)	ington, WI (Town o	f Bur lingle
I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective res §.12.13(3)(a), Wis. Stats.	nally obtained each of the signatures on this pass petition. I know that each person signed the p	paper with full knowledge of its content	on the date indicate
GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.		O I PROP NO	1637
This form is prescribed by the Government Accountability Board, P.O. Box 7984, b. 608-266-8005, <a href="http://gah.wi.gov">http://gah.wi.gov</a> ctmail: gab@wi.gov	fadisor, WI 53707-7984 WWW.RecallWirch.com • R	•	(UV I

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

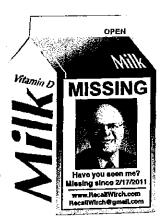
22d District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)





	g purposes, when different than mun F the municipality of residence must		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Rebecca Perone	Burlington W1 53105		3/8/2011
2. Spinell Junes 2 7	1096 Hidder Creek	a village Bulingtono	T 3/8/2011
3 Roger Fry	Burlington, WI 53 105	Drown Burlington	3/8/11
4. Mahin 7. Byundson	1124 Addin Creck Long Burlington WF 53K5	UTown Burlington Utillage	B-10-11
5 disa Byustron	1124 Adden Geekla Builington W1 53/05	o rown o village Burungton	3-10-11
6. Pat Rubach	34538 Walburg La Burlington WI 53105	ix Town   Village   Burlington	3-21-11
7. Joe W. Hoshing	9105 269 th ave Salem W7 53168	Town City Salvy	3-22-11
8. fullent	13/3 Yolushe Ave Uman Cione W, 53/80	E Town  Stillage  City Limen Creus	3-20M
9. Chalo Kulfun	29014 951 St Lowers MAGE W, 53159	TOWN PANDALP City	3-27-11
10. Marila Dutowski	60018-974 St GeNUA (1460) 53128	Stown Givillage Part all	3-27-11
Certification of Circulator  Cosph W. Hasehold, certify:			
reside at 9105 269 th	anc of circulator)  Ve Schem W. J., 5316  lator's residence - include number, street, and municipality)	R	
personally circulated this recall petition and person	ally obtained each of the signatures on this pap	er. I know that the signers are electors o	f the jurisdiction or

district represented by the officeholder named in this pelition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1638

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This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.eov\_cmail.gab@wi.gov\_

#### LL PETITION

ro:	Wisconsin	Government	Accountability	Board

§.12.13(3)(a), Wis. Stats.

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. St

This form is prescribed by the Government Accountability Board, P.O. Bo

608-266-8003, http://gab.wi.gov cunail: gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

22d District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



	THE MUNICIPALITY OF RESIDENCE MUS		T
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
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district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

**Recall Wirch** 

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

Please mail this form to:

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

O L. Little L. April Ob. L. L. Cl. L. O. L.

perfition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
	Rural address must also include box or fire no.	Indicate Town, City, or Village	
Grace Facelleres	Pleasant Prairie WE	SCHIEGE Pleasant Praire	3/25/11
2. Al . of ph	11417-28 HAVE	C) Town	*
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John & Julyan	PLEASANT PRAIRIE W153168	DICITY PLEASANT PRAIRIE	וי וניַכּ
Christoph hot	PYLASAN PRAKRE, WI.	10 Town   12 Village Pleasant Pr.	3-31-1
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0.		□ Town □ Village □ City	
Grace Faulkner	Certification of Circulate	or 	:
side at 11417 - 28 13 Ave	ame of circulator) Leasant Prair		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to: Recall Wirch

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8003, http://gab.ni.gov email: gab@wi.gov Www.RecallWirch.com • RecallWirch@gmail.com

§.12.13(3)(a), Wis. Stats.

## TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22th 1

## 22<sup>rd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.

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	www.RscallWirch.com RecallWirch@gmail.com
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THE NAME O	OF THE MUNICIPALITY OF RESIDENCE MUST	I ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
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GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 acc This form is prescribed by the Government Accountability Board, P.O. Box 7984 608-266-8005, <a href="http://gab.wi.gov">http://gab.wi.gov</a> email: gab@wi.gov	1930, Wis. Stats. , Madison, WI 53707-7984 P.O. Box 26 • Silver www.RecallWirch.com • Re	Lake, WI 53170	1071

TO: Wisconsin Government Accountabil	City Board whom nomination papers or declaration of candidacy for the	Color to the A	OPEN
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(The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No s legislative, judicial, or county officials.)	city, village, town, and school district officials. A tatement of reason is required to initiate the rec	The reason must be related to all of state, congressional,	www.RecallWirch.com RecallWirch@gmall.com (262) 298-9422
Refusing to represent the citizens of Wi	oconsin 22 <sup>rd</sup> State Senate District i	н Madison.	<u></u>
	PURPOSES, WHEN DIFFERENT THAN MUN		OT SUFFICIENT.
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I, JOHN WELSH I reside at 508 WESTRIO	name of circulators  FE AUE, BORLingto	n WF	certify:
(circ	ulator's residence - include number, street, and municipality)		
I personally circulated this recall petition and personal district represented by the officeholder named in the opposite his or her name. I know their respective res	is petition. I know that each person signed the p	paper with full knowledge of its come awaye that falsifying this certification.	ntent on the date indicate
(date) Pleas	se mail this form to:	(signature of circulator)	21 11 -
GAB-170 (Rev.5/2007) The information on this form is required by §§. 8.40 and f. This form is prescribed by the Government Accountability Board, P.O. Box 7984, 608-266-8005, http://gab.wi.gov einail: gab@wi.gov	2.10. Wis State. PO Boy 26 • Silver	Lake, WI 53170	ge No. 1642

## TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>rd</sup> Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

# 22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



SIGNATURES OF ELECTORS	F THE MUNICIPALITY OF RESIDENCE MUS STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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Richard Simi	Certification of Circulat	or , certif	<del> </del>

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of i	its content on the date indicated
opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this cer	rtification is punishable under
§.12.13(3)(a), Wis. Stats. 3-25-//	
(date) (signature of circulator)	<del></del>
Please mail this form to: Recall Wirch	Page No. 1/12
GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.  This form is presented by the Government Accountability Board, P.O. Box 7984, Marison, WI 53707-7984  P.O. Box 26 • Silver Lake, WI 53170	1/24 51
188 KEUB Brestretor of the Contraction Accordance (No. 100 / 794), ABRISON, WILLIAM BROAD BROAD OF COM ◆ RecallWirch@amail.com	<u> </u>

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or

TO: Wisconsin Government Accountability Board

SIGNATURES OF ELECTORS

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

STREET & NUMBER OR RURAL ROUTE

Rural address must also include box or fire no.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



DATE OF SIGNING

MUNICIPALITY OF RESIDENCE

Indicate Town, City, or Village

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I, GARY STARR	Certification of Circulate		certify:
I reside at 1715-87+h ST	me of circulator)  Konosha, U i 53 ator's residence - include number, street, and municipality)	3143	·
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PIOASE  GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10  This form is prescribed by the Government Accountability Board, P.O. Box 7984, Ma 608-266-8005, http://gab.wi.gov_email: gab@wi.gov		Lake, WI 53170	age No. 1644

TO: Wisconsin Government Accountabile	RECALL PETITION  Lity Board  whom nomination papers or declaration of candidacy for the c	office is filed)	OPHI
We, the undersigned qualified electors of the 2	2 <sup>nd</sup> Wisconsin State Senate District		Milk
	prisdiction or district of officeholder)  2 <sup>rd</sup> District State Sexate of Wiscons  (name of officeholder to be recalled and office)		Have you seen me
from office pursuant to Article XIII, Section 12	·	of the Wisconsin Statutes.	
(The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No st legislative, judicial, or county officials.)		The reason must be related to	www.RecallWirch.com RecallWirch@gmail.com (262) 298-9422
Refusing to represent the citizens of Wi	осоноін 22 <sup>d</sup> State Senate District i	u Madison.	
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GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9. This form is prescribed by the Government Accomplability Board, P.O. Box 7984. M 608-266-8005, http://gab.wi.gov/email:gab@wi.gov/	10, Wis. Stats. PO Box 26 • Silver	Lake, WI 53170	1645

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Please mail this form to:

**Recall Wirch** 

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com Page No. 1646

§.12.13(3)(a), Wis. Stats.

				RECALL
TO:	Wiscousiu	Gruerument.	Acemudokilitu	Beard

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>-4</sup> Wiscousin State Senate District

petition for the recall of Robert Wirch

22<sup>rd</sup> District State Senate of Wisconsin

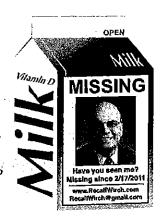
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	UFFICIENT.
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natures on this paper. I know that the signers are electors of the jurisdiction or erson signed the paper with full knowledge of its content on the date indicated scall petition. I am aware that falsifying this certification is punishable under
- Recall Wirch
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GAB-170 (Rev. 6-2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov/email; gub@wi.gov

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: WESCHASIA GOVERNMENT ACCOUNTAGE (official wi	ULULY DRAUGE.  The whom nomination papers or declaration of candidacy for the c	office is filed)	MORER
We, the undersigned qualified electors of the	22 Wisconsin State Senate District		Milk
petition for the recall of Robert Wirch	(jurisdiction of district of officeholder)  22 <sup>d</sup> District State Senate of Wiscond (panso of officeholder to be recalled and office)	Niamh o	Have you seen me?
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Refusing to represent the citizens of U	<u> Visconsin 22ª State Senate District i</u>	n Madison.	
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
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I personally circulated this recall petition and personally circulated this recall petition and personal district represented by the officeholder named in topposite his or her name. I know their respective to §.12.13(3)(a), Wis. Stats.	sonally obtained each of the signatures on this pap his petition. I know that each person signed 10e p	per. I know that the signers are ofectors aper with full knowledge of its content of aware that fatsifying this certification is (signature of circulator)	on the date indicated

GAB-170 (Rev.6/2007) The information on this form is required by \$3, 8:40 and 9:10, Wis. Stats.

P.O. Box 26 • Silver Lake, WI 53170
This form is prescribed by the Government Accomplability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, http://gab.wi.gov email: gab@visov www.RecallWirch.com.

— RecallWirch.com.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22<sup>rd</sup> Wiscousiu State Senate District** (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wiscousin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	IICIPALITY OF RESIDENCE, IS NOT STALWAYS BE LISTED.	SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
1. Phillip Cleveland	Rural address must also include box or fire no.  11515 1st st. Lot 143  Sturtevant, wt 53179	Indicate Town, City, or Village  Town UVillage UCity	3/29/11
2. Prica Elicarelli	ASAO 11th PL Unitala Kenosha lux 53140	Provn O Village Somulas O City	3-29-11
3. The same	2820 llt Pl Undis	Drown Uvillage Uvillage	5-29-11
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		City	
	Certification of Circulate		, certify:
I reside at	(name of circulator)  Lot 143 Sturte vau  (circulator's residence - include number, street, and municipality)	K WI 5317	7 Somers.
district represented by the officeholder named in	ersonally obtained each of the signatures on this paper this petition. I know that each person signed the person signed	paper with full knowledge of its	content on the date indicated

Please mail this form to:

Recall Wirch

GAB-170 (Rev.6/2007) The information on this form is required by §S. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8003, <a href="http://gab.wi.cov">http://gab.wi.cov</a>

cmail: gab@wi.gov

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountabi	RECALL PETITION		0)1
(official with	whom nomination papers or declaration of candidacy for the		, ven
We, the undersigned qualified electors of the $\underline{2}$	2 <sup>d</sup> Wisconsin State Senate District Jurisdiction or district of officeholder)	Maningo	Have you seen me?
petition for the recall of Robert Wirch 2	2nd District State Senate of Wiscon (name of officeholder to be recalled and office)	siu	
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
<u></u>	Rural address must also include box or fire no.  NG116 COUNTY ROLD OP	Indicate Town, City, or Village  Town Soung	SIGNING
1. Lathlew Saraner  2. Bichard Januar	Burlington - WI	Givilago Pharrie	3-31-11
	N6116 COUNTY ROUD	MITOWN SPRING	
" bichard Januer	BURLINGTON, WE	City PRAIRIS	3-31-11
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1. Kathlew Saram	Certification of Circulate	. certif	y;
I, Kathlew Sarau	name of circulator)  ROAD DD - BUND  aulator's residence - include number, street, and municipality)	ing ton-WI- Spring	Pravie
(dia	ulator's residence - include number, sircel, and municipality)		punshys
I personally circulated this recall petition and personalistrict represented by the officeholder named in the opposite his or her name. I know their respective respective respective.	s petition. I know that each person signed the j	paper with full knowledge of its content	on the date indicate
0 10 10/03/c5 (tre- grade		m aware mat raisitying this certification?	a huntananie miner
9.12.13(3)(A), WIS. SIRIS, 4-1-201	+ Train	(signature of circulator)	

Please mail this form to:

Recall Wirch

GAB-170 (Rev.6/2007) The information on this form is required by 55. 8.40 and 9.10. Wis. Stats.

P.O. Box 26 • Silver Lake, WI 53170
This form is prescribed by the Covernment Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

WWW.RecallWirch.com • RecallWirch@gmail.com

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	AL MINIMAR	COCCHINAN	/ 1000HHHMPPMM	

608-266-8005, http://gab.wi.gov\_cmail: gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22<sup>rd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUS		uppicient.
Signatures of electors	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Saidia saraitatio	Genoa City W/53128	SKTOWN D Village D City Landall	4-1-11
2. Question	Genoa City W S3128	bytown Utilage Randall	4-41
Great Sainton	Genoa City W/53129	GKTOWN UVIllage Rowau	4-1-11
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	. Certification of Circulate	) <b>/</b> *	· · · · · · · · · · · · · · · · · · ·

9.		□ TO □ V □ CO	illage	
10.		от оv ос	lllage	
1, Sandra S	arantaku Certific	cation of Circulator		, certify:
I, Sandra S I reside at 40000		Genga City w	23158	
I personally circulated this recall pe district represented by the officehole opposite his or her name. I know the	tition and personally obtained each	th of the signatures on this paper. I he that each person signed the paper w	vith full knowledge of its	content on the date indicated
§:12.13(3)(a), Wis. Stats.			ature of circulator)	7
GAB-170 (Rev.6/2007) The information on this form is a This form is prescribed by the Covernment Accountability		rm to: Recall Wirch P.O. Box 26 • Silver Lake		Page No. 1651

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

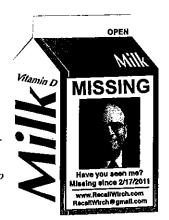
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
SIGNATURES OF ELECTORS	THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	ALWAYS BE LISTED.  MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Susan m. Childers	4619.88th Place Kenosha, WI 53142	otown Ovillage Macily Kenosha	2/28/11
2. Kennett m they be	Pleasant Prairie WI	Drown Bevillage Pleasant Prairie	2/28/11
3. Saydra Viscer	9538 110th Avenue Pleasant Prairie W1531	Brown Pleasent Prairie	3/18/11
4. Park Cyster	18538 WITH ALE QUEND BUT MAINE, W53	□ Town ⊿	M. 3/10/2
5. James Egwand	PLEASING CAR.	DIVILIAGE PLEASANT AZOLIZAS	3/23/11
Endrea Janden	9288 Created ant, Pleasent Prairie, 53158	Di Town Si Village City Pleasent Practic	3/23/11
7.		□ Town □ Village □ Cily	
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10.		☐ Town ☐ Village ☐ Cily	

Certification of Circulator  1, Allie Peterson	, certify:
I reside at 8429-110th alle Pleasant Prairie, WF 5318	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signer district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge opposite his or her name. I know their respective residences given. I support this recall petition and aware that falsifying this §.12.13(3)(a), Wis. Stats.	of its content on the date indicated

Please mail this form to

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1652

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis, Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, <a href="http://gab.wi.eov">http://gab.wi.eov</a> cmail: <a href="mailto:gab@wi.gov">gab.wi.eov</a> M

TO: Wisconsin Government Accounta	RECALL PETITION		OPEN
(official v	with whom nomination papers or declaration of candidacy for the		
We, the undersigned qualified electors of the	22d Wiscousin State Senate District	Vianio I	Have you seen me?
petition for the recall of Robert Wirch	22d District State Senate of Wiscom (name of officeholder to be recalled and office)		Section 1995
from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	STATE AND
the official responsibilities of the officeholder. N legislative, Judicial, or county officials.)	STATEMENT OF REASON FOR RI for city, village, town, and school district officials. To statement of reason is required to initiate the rec	The reason must be related to call of state, congressional,	www.RscaffWrch.com RecaffWrch@gmafl.com (282) 285-9422
<u>Rehusing to represent the citizens of L</u>	Visconsin 22 <sup>d</sup> State Senate District i	и Madison.	
		VOIDAL MAY OF DESIDENCE IS NOT	PHORICIPAT
	ing purposes, when different than mun of the municipality of residence must		ODERICIEM I.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mark & anderson	30520 CEDAR DR BURLINGTON, WI 53105	XI Town UVillage UCity BURLINGTON	4-2-11
1. Mark Janderson 2. Lola Anderson	30520 Cedar Dr. Burlington, WI 53105	A Town O'llage Burlington	4/2/11
3.	Davidor gain, MIL 3 9703	□ Town □ Villäge	
4.	. 10-10-1	☐ City ☐ Town ☐ Village	
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<u> </u>		Ci Village Ci City	
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``10v.		□ Town □ Village □ City	
I, MARK J ANDE	Certification of Circulate	or, certif	
I reside at 30520 CEDAR	DR BURLINGTON W	II 53/05	
	circulator's residence - include number, street, and municipality)	• • • •	of the jurisdiction o
district represented by the officeholder named in opposite his or her name. I know their respective	this petition. I know that each person signed the residences given. I support this recall petition. I a	paper with full knowledge of its content m aware that falsifying this certification	on the date indicate
§.12.13(3)(a), Wis. Stats.	Trans /	Mudanon	•

(date)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, http://gab.wi.gov.email: gab@wi.gov.

Please mail this form to: Recall Wirch

§ 8.40 and 9.10, Wis. Stats.

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

(signature of circulator)

TO: Wisconsin Government Accounte	RECALL PETITION		
(official)	with whom nomination papers or declaration of candidacy for the		
We, the undersigned qualified electors of the	22 Wiscousin State Senate District		Have you seen me?
petition for the recall of Robert Wirch	22d District State Senate of Wiscon (manic of officeholder to be recalled and office)	siu	Have you seem in
from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	:
the official responsibilities of the officeholder. N	STATEMENT OF REASON FOR RI for city, village, town, and school district officials, to lo statement of reason is required to initiate the rec	The reason must be related to 🌉 📉	www.RecellWirch.com RecellWirch@gmall.com (262) 298-9422
tegistative, judicial, or county officials.) Refusing to represent the citizens of l	<u>Wisconsin 22<sup>d</sup> State Senate District i</u>	n Madison.	
	ing purposes, when different than mun of the municipality of residence must		uppicient.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Im Stynhoff	Waterpord WI	oxiown to village Waterford	3/30/1
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I personally circulated this recall petition and pedistrict represented by the officeholder named in	Certification of Circulate (name of circulate) (circulators residence—include number, street, and municipality) ersonally obtained each of the signatures on this path this petition. I know that each person signed the	per I know that the signers are electors paper with full knowledge of its content	of the jurisdiction o
§.12.13(3)(a), Wis. Stats. 350-	residences given. I support this recall petition. I a	(signature of circulator)	s punisisano unoci
Ple	ease mail this form to: Recall V	Virch Page No.	10-1

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis, Stats.
This form is prescribed by the Government Accomplishing Board, P.O. Box 7984, Madison, WI 53707-7984.
608-266-8005, http://gab.wi.gov.cinail.gab@wi.gov. P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

	RECALL PETITION		
TO: Wisconsin Government Accountal	vility Bowta The whom nomination papers or declaration of candidacy for the	office is filed)	(1) n 11
57		/ · · · · · · · · · · · · · · · · · · ·	Milk
We, the undersigned qualified electors of the	(jurisdiction or district of officeholder)	·	Have you seen me's
petition for the recall of Robert Wirch	22d District State Senate of Wiscon (name of officeholder to be recalled and office)	win	
from office pursuant to Article XIII, Section	•	of the Wisconsin Statutes.	
The state of the s	STATEMENT OF REASON FOR R		
(The reason for recall must be stated on petitions ) the official responsibilities of the officeholder. No legislative, judicial, or county officials.)	for city; village, town, and school district officials, o statement of reason is required to initiate the rec	The reason must be related to call of state, congressional,	Www.RecaTWirch.com RecaTWirch@gmail.com (282) 298-9422
<u>Rehusing to represent the citizens of U</u>	Visconsin 22" State Senate District (	и ташын.	
THE MUNICIPALITY USED FOR MAILI THE NAME	ng purposes, when different than mut of the municipality of residence mus	NICIPALITY OF RESIDENCE, IS: T ALWAYS BE LISTED.	not sufficient.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDEN	
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26	316 Fox St.	Town C Village R	
domarme arson	Burlington &	Decly Duelington	) 3/31/11
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I, ROMAPNE LARS  I reside at 316 Fox 35	Certification of Circulat		certify:
7	(name of circulator)		
	Circulator's residence - include number, street, and municipality	j	
digition represented by the officeholder named in	rsonally obtained each of the signatures on this pathis petition. I know that each person signed the residences given. I support this recall petition. I a	paper with full knowledge of its command that falsifying this certific	ontent on the date indicati
(date)	ase mail this form to: Recall	(signature of circulator)	
GAB-170 (Rev.6/2007) The information on this form is required by §§ 8404		1 1	age No. 1655

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

P.O. Box 26 • Silver Lake, WI 53170

This form is prescribed by the Government Accompability Board, P.O. Box 7984, Madison, WI 53/707-7984

608-266-8005, <a href="http://gath.wis.gov">http://gath.wis.gov</a> email: gab@wis.gov

www.RecallWirch.com • RecallWirch@gmail.com

	RECALL PETITION	· ·	100
TO: Wisconsin Government Accountal	bility Bootd ith whom nomination papers or declaration of candidacy for the o	office is filed)	MACH MACH
	22" Wisconsin State Senate District	ACCULATION OF THE PROPERTY OF	Milk
	(jurisdiction or district of officeholder)	TW S	Have you seen me
petition for the recall of Robert Wirch	22rd District State Senate of Wiscour (name of officeholder to be recalled and office)	Siu	2
from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.	55555
- · · · · · · · · · · · · · · · · · · ·	STATEMENT OF REASON FOR RE	CALL	
(The reason for recall must be stated on petitions) the official responsibilities of the officeholder. No legislutive, judicial, or county officials)	for city, village, town, and school district officials. I o statement of reason is required to initiate the rec	The reason must be related to all of state, congressional,	www.RecallWireh.com RecallWireh@gmall.com (282) 298-9422
<u>Refusing to represent the citizens of U</u>	<u>Visconsin 22<sup>d</sup> State Senate District i</u>	n Madison.	· · · · · · · · · · · · · · · · · · ·
<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·
The Attitude of the Union Boll Mail	ing purposes, when different than mun	ICIPALITY OF RESIDENCE, IS NOT S	SUFFICIENT.
THE MUNICIPALITY USED FOR MALE.	OF THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
	Rural address must also include box or fire no.	Indicate Town, City, or Village	Johnson
1. Renel Boyle	Two Lakes WI 53181	O Village Randall	14/2/11
2. 1/2 /h ()	11726 333cd Aue.	☐ Town	(1-11
" Well	Twin Lakes, WIS3181	O Village Randal	4/2/11
3.		□ Town □ Village □ City	
· <b>4</b> .	atentificate .	□ Town □ Village □ City	
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10.		□ Town - □ Village □ City	
0 0	Certification of Circulate	3000	
1 Renee Boy	(le	, certif	ỳ:
Treside at 11726 333	(name of circulator)  A Ave, Twin Lakes	, NI 53181	
	(circulator's residence - include number, street, and municipality)	<b>-1</b>	÷
district represented by the officeholder named in opposite his or her name. I know their respective	rsonally obtained each of the signatures on this paths petition. I know that each person signed the presidences given. I support this recall petition. I are	paper with full knowledge of its content	on the date indicat
§.12.13(3)(a), Wis. Stats.		(signature officirculator)	<u> </u>
	ase mail this form to: Recall V	Virch Page N	0. 1/ 5/
GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 of This form is prescribed by the Government Accountability Board, P.O. Box 73-608-266-8005, <a href="https://pub.wi.gov-enail/gab@wi.gov">https://pub.wi.gov-enail/gab@wi.gov</a>	aad 9.10, Wis. State. P.O. Box 26 • Silver  www.RecallWirch.com • R	Lake, WI 53170	° 1656

	RECALL PETITION		
TO: Wisconsin Government Accountal	ulity Board the wholes of declaration of candidaby for the	office is filed)	CONEM
We, the undersigned qualified electors of the			Milk
We, the undersigned qualified electors of the	(jurisdiction or district of officeholder)	VIIII)	Have you seen me?
petition for the recall of Robert Wirch	22d District State Senate of Wiscon (name of officeholder to be recalled and office)	siu	
from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	100 mark
	STATEMENT OF REASON FOR R		
The reason for recall must be stated on petitions five official responsibilities of the officeholder. No legislative, judicial, or county officials.)	or city, village, town, and school district officials.  statement of reuson is required to initiate the rec	The reason must be related to call of state, congressional,	www.RacallWirch.com RecallWirch@gmall.com (282) 298-9422
<u>Rehusing to represent the citizens of U</u>	Viscousin 22" State Senate Vistrict	u Maaisou.	
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			<u>-</u>
	ng purposes, when different than mul		SUFFICIENT.
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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1. Konald James	Bulinitar WI 53105	O Village LANDALL	april 1,20,
	Cullyton 1. + 33100	□ Town	<del> /                                    </del>
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		City	<u> </u>
	Certification of Circulat	OP'	
Ronald Tenser		, certi	fy:
reside at 38315	(name of circulator)		5
reside at 38 3/ 5	8 Pl Handally	$\omega_{l}$	·
	circulator's residence - include number, street, and municipality		
I personally circulated this recall petition and per district represented by the officeholder named in	sonally obtained each of the signatures on this p	aper. I know that the signers are elector	s of the jurisdiction o
opposite his or her name. I know their respective	residences given. I support this recall petition, I a	m aware that falsifying this certification	is punishable under
8 12 12/23/63 Win Stole A		_	OI.RE
8:12:13(3)(11), WIS. SIAIS. Gart 1, 20	- Jones	(Signature of circulator)	

GAB-170 (Rev.6/2007) The information on this form is required by \$\$. 8.40 and 9.10, Wis. Stats:

P.O. Box 26 • Silver Lake, WI 53170
This form is prescribed by the Government Accommodified Board, P.O. Box 7984, Madison, WI 53707-7984

WWW.RecallWirch.com. • RecallWirch@gmail.com.

Please mail this form to:

Recall Wirch

# TO: Wisconsin Government Accountability Board (official with whom romination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22<sup>d</sup> Wisconsin State Senate District** (jurisdiction or district of officeholder)

GAB-170 (Rev.6/2007) The information on this form is required by \$8, 8,40 and 9.10, Wis, Sta

08-266-8003, http://gab.wi.gov email: gab@wi.gov

This form is prescribed by the Government Accommobility Board, P.O. Box 7984, Madison, WI 53707-7984

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
ļ	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Edward . Multhauf	2209 Browns Lake Dr. aft # 111 Bushington	Village Burlington	4/1/11
Edward Multhauf 2 Earlyn Multhauf	apt #111/Barlington	Town Utillage Builingtox	4/1/11
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	Contification of Chamlets		
I CAROLLIN MUHHA	υ F	certify	<i>l</i> :
I, CAKULYN MUHHA  Treside at 2209 BROWNS  Teircu	me of circulator)  Lk DR #///	Burlington, Wi	
(circu	lator's residence - include number, street, and municipality)		
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under			
§.12.13(3)(a), Wis. Stats.	Carly	Multhar	
(date) / Please	mail this form to: Recall W	(signature of circulator)  Virch  Page No.	1,00

P.O. Box 26 • Silver Lake, WI 53170

то: <u>Wisconsin Government Accountabil</u>	ily Board  from nomination papers or declaration of candidacy for the	offer to filed)	(1)(14)
We, the undersigned qualified electors of the 21		· · · · · · · · · · · · · · · · · · ·	Milk
We, the undersigned qualified electors of the <b>24</b>	urisdiction or district of officeholder)	Whiting)	Have you seen me?
petition for the recall of Robert Wirch 22	District State Senate of Wiscont (name of officeholder to be recalled and office)	uu	and the second second
from office pursuant to Article XIII, Section 12	of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	÷
	TATEMENT OF REASON FOR RI		
(The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No sta legislative, judicial, or county officials.)	atement of reason is required to initiate the rec	all of state, congressional,	www.RpcoBYFishcom RecoWffish@gmall.com (262) 288-8422
<u>Refusing to represent the citizens of Wiv</u>	scousin 22 <sup>rd</sup> State Senate District i	n Madison.	
MORA MINICIPALITY HOPE FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	UCIPALITY OF PRSIDENCE, IS NOT S	IRRICIENT.
	THE MUNICIPALITY OF RESIDENCE MUST		VIII CALL
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Mat O Ph	1324 40 - Avenue	□ Town □ Village	3/30/11
7 11 0 10 100	Kenosha, WI 53144	excity Chosha	3/30/11
2. Kn00: 1/1 00	1329 4042 Auc.	□ Town □ Village \/_ \	22211
Mary France	Kenosha WI SBIYY	D Town (/	3-80-11
3/10/100	VENOSHA WI 53144	UVIIIage VENINCOLO	3/30/11.
CO KIW	LEMBHAR WI SSIGH	Town	
4.		□ Village □ City	
5.		□ Town	***
<b>3</b>		d Vi¶age □ Cily	
6.		1 Town	
·		☐ Village ☐ City	
7.	H 1	☐ Town ☐ Village	-
·	<u>i</u>	City	
8.		□ Town □ Village	
	and the same of the same	□ City	· <u> </u>
9.	<u> </u>	□ Town □ Villege	· .
		□ City	· · · · · ·
10.		□Town   □Village	
		City	
	Certification of Circulate	or	
I, Matthew O. Chandler		, certify	<b>r:</b>
12011 LIDTH A	ame of circulator)	3144	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Lenosha, W.L. 3  ulalor's residence - Include number, street, and municipality)	<u></u>	•
	•	ner. I know that the cioners are electors	of the jurisdiction o
I personally circulated this recall petition and person district represented by the officeholder named in this	s petition. I know that each person signed the	paper with full knowledge of its content of	on the date indicated
opposite his or her name. I know their respective res	idences given. I support this recall petition. I a	m aware that falsifying this certification is	punishable under
§.12.13(3)(a), Wis. Stats. 3/30/11		Mary .	
(date)		(signature of circulator)	

Please mail this form to: Recall Wirch

GAB-170 (Rev.6/2007) The information on this form is required by §§ 8.40 and 9.10, Wir. Stats.

This form if prescribed by the Ooveranceal Accountability Board, P.O. Box 7994, Medison, WI -53707-7984

Www.RecallWirch.com • RecallWirch@gmail.com

Please mail this form to:

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.cov\_comil; gab@wi.gov

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats,

This form is prescribed by the Government Accountability Board, P.O. Rox 7984, Madison, WI 53707-7984

224 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

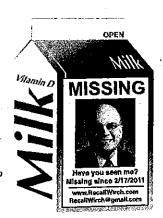
from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.

Please mail this form to:



	OF THE MUNICIPALITY OF RESIDENCE MUST		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
1/ 000	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
Sathy Wyslin	Durant graine Wil	DECINE SEARCH STORIES	127/1
	3231 10874 Pl.	□ Town	
1/1 / 200)	Pleasant Paritie, with	City Pleasant Prairie	4/3/11
3	12617 22000	☐ Town	-17
2 Phis	Burrow los snot	O Town  Willage Brings WE	H3/.
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Jonatha Steitz	Certification of Circulato	certify:	
de at 12262 38 to Aneme	name of circulator)	,	•
		<del></del>	
(cin	culator's residence - include number, street, and municipality)		· <del>_</del>

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST	NCIPALITY OF RESIDENCE, IS NOT S ALWAYS BE LISTED.	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Protecta Finker	4729-83 ra Place. Kenosha, WI 53142	Drown Kenosha	3/27/11
2. Jan Dis	7900 COOPER TOOD Kenosha WI 53142	DTOWN Pleasant Bythlage DCity Prairie	3/27/11
3. Soft Denn	9230 48th AVE KENSSHAWI 53142	Town Pleasant Willage Deal And Asset	3/2/11
4. Of Hary	6916 Gyth Ave Krusta, W 55142	D Town D yillage Kenosha Ecity	3/27/11
5. Myselle a Phre	9230 482 Avanus Kenosha, W 53142	Drown Plasant Drillage Plasant Drain	3/22/11
5. Parthoffer.	1011 11/4 st.  NENSAT PRANTOW 53158	D Town PLINSART  B Village PAMAIE  City	3/27/11
Rothy H. Dahlston	7536 14th Ave Kenosha W1 53143	D Town Divillage Lenosne	3/27/11
mise &	10905.32 tue Pleasant Prairie M 53158	D Town	3/27/11
My M	8 /2 54 Provi w1 57150	D Jown Devi Phir	3.27.11
° Kun-Aghil	Pleasant Pravio, NX 50/58	D Town Willage Meason France	13271

1. Jonatha.	Stati	Certification of Circulator	, certify:
I reside at /2362	38 13	Avenue Pleasant Prairie, 5458	,, comy.
		(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. \661

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10. Was, Stats. This form is prescribed by the Government Accoumlebility Board, P.O. Box 7984, Madison, WJ 53707-7984
608-266-8005, http://gab.wi.cov/email: gab@wi.gov

www.RecallWirch.com • RecallWirch@gmail.com

(signature of circulator)

***	RECALL PETITION		
TO: Wisconsin Government Accountab	ility Board h whom nomination papers or declaration of candidacy for the	office is filed)	OPEN
We, the undersigned qualified electors of the		ł.	Milk
, me undersigned quantied electors of the	(jurisdiction or district of officeholder)	Vitamin D	MISSING
petition for the recall of Robert Wirch	22 <sup>rd</sup> District State Senate of Wiscov (name of officeholder to be recalled and office)	win 🔀	
from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	74
	STATEMENT OF REASON FOR R		
(The reason for recall must be stated on petitions for the official responsibilities of the officeholder, No			Maye you seen me? Missing since 2/17/2011
legislative, judicial, or county officials.)	Simement of reason is required to infitute the re-	tui of state, congressional,	www.RecallWirch.com RecallWirch@gmall.com
Refusing to represent the citizens of U	liscousin 22 <sup>d</sup> State Senate District i	u Madissu.	
<u></u>		, , , , , , , , , , , , , , , , , , ,	· - · · ·
	RG PURPOSES, WHEN DIFFERENT THAN MUI OF THE MUNICIPALITY OF RESIDENCE MUS		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATORES OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
10 10 11	578 Tollies St.	□ Town /	.11
Dr. J. Laugherty	Burlington, W153105	DVillage Bullington	4/2/11
2. / / /		□ Town □ Village	′
0		☐ City	
3.		□ Town □ Village	
	<del>-</del>	□ City	
4.		⊡ Town   ⊡ Village	
	· · · · · · · · · · · · · · · · · · ·	☐ City	
5.		□ Village	
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7.		☐ Town	
<i>"</i>		□ Village □ City	
8.		☐ Town	
	-	□ Village □ City	
9.		□ Town	
		☐ Village ☐ City	
10.		☐ Town ☐ Village	
		□ City	
2	Certification of Circulate	NM	
1. KOBEKT VAU	GHERN	, certify	•
	(name of circulator)		•
I reside at 518 TOWER	Troubator's residence - include number, street, and municipality)		
	, , , ,		
I personally circulated this recall petition and pers district represented by the officeholder named in the			
opposite his or her name. I know their respective re	esidences given. I support this recall petition. I an	n aware that falsifying this certification is	punjshable under
§.12.13(3)(a), Wis. Stats. $4 - 3 - 11$		1 hel A	
(date)	<del></del>	(signature of circulator)	

Please mail this form to: Recall Wirch

GAB-170 (Rev.6/2007) The information on this form is required by \$\$, 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

Www.RecallWirch.com • RecallWirch@gmail.com

We, the undersigned qualified electors of the	th whom nomination papers or declaration of candidacy for the		liM
we, the undersigned qualified electors of the	(jurisdiction or district of officeholder)	Vianin/	Have you seen me
petition for the recall of Robert Wirch	22d District State Sexate of Wiscon (name of officeholder to be recalled and office)	isiu	
from office pursuant to Article XIII, Section  The reason for recall must be stated on petitions for	STATEMENT OF REASON FOR R	ECALL	
he official responsibilities of the officeholder. No legislative, Judicial, or county officials.)			www.RecallWirch.com RecallWirch@gmaR.com (282) 298-9422
<u>Refusing to represent the citizens of U</u>	Visconsin 22d State Senate District	in Madison.	
	· · · · · · · · · · · · · · · · · · ·		
			.56
·	ng purposes, when different than mui of the municipality of residence mus		Sufficient.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jeff D. Voss	248 CONKEY ST.	Distriction Town  Distriction  Distriction	4-2-11
2.		D Town D Village D City	
3.		C Town C Village C City	
4.	a a tan angkan ay sa saga	□ Town □ Village	
→ <b>5</b> .:		C) City C) Town C) Village	
6.		□ City □ Town □ Uillage	
7.		☐ City ☐ Town ☐ Village	
8.		☐ City ☐ Town ☐ Village	
9.		☐ Cliy ☐ Town ☐ Village	
10.	. •	□ City □ Town	£
IV.		U Village U City	·,
, Teff S. Voss	Certification of Circulat	<b>or</b> , certifi	<b>y:</b>
reside at 248 Conkey ST.		53/05	
(c	irculator's residence -include number, street, and municipality)		

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Covernment Accountability Board, P.O. Box 7984, Madison, WI 53707-7984.

608-266-8005, http://gab.wi.gov email: gab@wi.gov W

Please mail this form to: Recall Wirch

§ 840 sad 9:10, Wis Stats.

Box 7994, Medison, WI 53707-7984

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountabi	Lity Board  whom nomination papers or declaration of candidaty for the c	office is filed)	- Font
We, the undersigned qualified electors of the 2	2 <sup>d</sup> Wisconsin State Senate District		Milk
petition for the recall of Robert Wirch 2	(jurisdiction or district of officeholder)		Have you seen me?
	(name of officeholder to be recalled and office)		
rom office pursuant to Article XIII, Section 1	2 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
The reason for recall must be stated on petitions for he official responsibilities of the officeholder. No s egislative, judicial, or county officials.) Rehusing to represent the cilizens of W	statement of reason is required to initiate the rec	The reason must be related to said of state, congressional,	www.RecallWirch.com RecallWirch@gmal.com (262) 288-9422
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST		t sufficient.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1.	33325 //8TH ST	62/Town □ Village	3/3////
Thomas Luck	TWIN LAKES WI 53/81	City RANDALL Section	3/31/11
1. Showen Luck. 2. Joepe Lieck	33325 1/8/5 St	□ Village	3/31/11
- Joyce Muck	Twin Lakes WI 53181	Town	9/3///
3. 0		D Villäge D City	
<b>.4.</b>	Statistics (1997)	□ Town □ Village □ City	
5.		☐ Town: ☐ Willage ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		□ Town □ Villäge □ City	
8.		□ Town: □ Village □ City	
9.,		□ Town □ Village □ City	75.5
10		□ Town □ Village □ City	
	Certification of Circulate	or	
, THOMAS LUECK	Security Company of Company Company	, ce	tify:
reside at 33325 //87H 5	(name of circulator)  T RANDALL  reulator's residence—include number, street, and municipality)		
personally circulated this recall petition and personally circulated this recall petition and personal	onally obtained each of the signatures on this pa	paper with full knowledge of its content on aware that falsifying this certification. — Luck	ent on the date indicated
(date)	se mail this form to: Recall V	(signature of circulator)	<del></del>
FIGA:  AB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and his form is prescribed by the Government Accountability Board, P.O. Box 7984.	9.10, Win. Stats. Madison. WI 53707-7984 P.O. Box 26 • Silver	i Yaqe	No. 1664

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Noel Mon	8815 Karow Rd. Twin lokes Wt 53181	Town Utilage City Randall	2-27-11
DONNA M. KAROW	8815 KAROW Rd. TWINLAKES WI 53181	MOTOWN U Village □ City  NANAALL	2-27-1
3. PATORIA KAROW	8785 KAROW Rd. TWIN LAKES W153/81	Drillage RANDA-LL	3-5-11
4. Kil Durball	The Copies wa 53181	GTOWN  O Village RANDALL	3-5-11
5. ANS SOBOLA FREDS ARBACKED	34506 BASSETT DE 53101	CTOWN CIVILLAGE CITY CITY CONTROLL	3-5-11
6. Lamik Rute Lawrence R Richty	12017 339 Am Twin haday WT 53181	Town Dandall Utilage Dandall City	3-5-11
7. Phylles Balding Phyllis Balding	34431 BASSETT RD BASSETT W/ 53/01	Pertown   Randall   City	3-5-11
8. Jany mopol	220 HWY Z TUAN LOKES W1 53181	GLTOWN U Village City Randall	3-5-11
Ston Snyler	10811 336 Ave Two Lyces wt 53181	DrTown Utillage City CanCall	3+21-11
Jim SuyDER	10811 336th Ave	Dily RANDALL	4/2:/1

Certification of Circulator	, i
Noel T Korow	, certify:
(name of circulator)  reside at 8815 Korow P. B. Twin 19Kos WZ 53181	
(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signatures on this paper. I know that the signatures on this paper. district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

#### TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov email: gab@wi.gov

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



1	PURPOSES, WHEN DIFFERENT THAN MUN		JFFICIENT.
SIGNATURES OF ELECTORS	THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
	30025 Moura	Town	-11
" Low Barcher	Burlington We.	O Village BullingTTN	3/8/11
2. 17 // // //	30025 mound	Town	1.1.1
( harles Coal	Burling to WT	City Bulwin	3/8/11
3. 12	26.367-11556	M-Jown C	
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4. 11 127 1	329145 Kalcoskon O	DVillage Du hou GH)	
Mar & example outer.	BU IL	Ovillege Du horgen	3-11-11
5. They are the man they	417 Randolph St.	©YTewn	3 11-11
5. Keemy mighty	Birligton WI	PCity Buly Grow	3-11-11
l 2, ~~	417 Bendalph St	□ Town	
6. Teny McCartly	Burlington WI	goily Burling Ton	3-11-11
7.1 mm att	417 RANDOLPHST	□ Town	
Jepon Mr Canny	BURLANGTON WE	Sulver Bully (70)	3-11-11
8.	40127-9561	XTOWN () Row Daff ()	
07300	Saner Cel (U)	City City	3-11-11
2. 7- 60	40127098th St	MIOWN NRADON O	
FORMY SULL	Deach, W	City ( ( )	3-11-11
10.	40424 428 5/2	<del>d Town</del>	
	TWIN Lakes, WI	OVillage TW, While	3-11-11
1 Clambra De	Certification of Circulato	) <b>r</b> , certify	:
2 0/2 2 2 Mal (na	me of circulator)	P 1/7	•
I reside at <u>SUDDO MOUM</u> (circu	ator's residence - include number, street, and municipality)	gn WF	•
	Ĺ	/	Ctha inviediation o
I personally circulated this recall petition and person district represented by the officeholder named in this			

opposite his or her name. I know their respective residences given. I support this recall petitiop. I am aware that falsifying this certification is punishable under

Please mail this form to:

(signature of circulator)

Page No.

1666

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountable (STREEN WINDOWS)	RECALL PETITION  Elity Board  whom nomination papers or declaration of candidacy for the	office is filed)	ones
We, the undersigned qualified electors of the		<u> </u>	Mill
petition for the recall of Robert Wirch	(jurisdiction or district of officeholder)  22d District State Senate of Wiscon (name of officeholder to be recalled and office)	sin	Haye you seen me
from office pursuant to Article XIII, Section 1	* * * * * * * * * * * * * * * * * * * *	of the Wisconsin Statutes	
(The reason for recall must be stated on petitions fo the official responsibilities of the officeholder. No legislative, judicial, or county officials.) Rehusing to represent the citigens of W	statement of reason is required to initiate the rec	The reason must be related to call of state, congressional,	www.RecallWirch.com RecallWirch@gmsil.com (202) 298-9422
THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUN	CICIPALITY OF RESIDENC	e, is not suppicient.
	FTHE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RES	
1. Donna Titzer	8807 Fishman Rd Burlington WI 53105	er town Uvillage Burlingte	
2.		☐ Town ☐ Village ☐ City	
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i, DonnaTitzer	nama of significant	)1*	, certify:
I reside at 880/ fishma	n Rd But in a few violator's residence - include number, street, and municipality)	on WI5	3/05
I personally circulated this recall petition and perso district represented by the officeholder named in thi opposite his or her name. I know their respective restants.  4/1/1/10	s petition. I know that each person signed the paidences given. I support this recall petition.	aper with full knowledge of	its content on the date indicate
Pleas	e mail this form to: Recall W	firch	<del></del>

GAB-176 (Rev.6/2007) The information on this form is required by §\$. 840 and 9.10, Win, Stats.

This form is prescribed by the Conveningent Accompability Board, P.O. Box 7984, Medison, WI 53707-7984

WWW.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of condidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>rd</sup> Wiscousin State Senate District

(jurisdiction or district of officeholder)

22<sup>rd</sup> District State Senate of Wisconsin petition for the recall of Robert Wirch

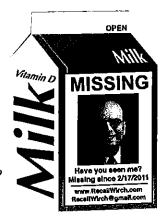
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



	GPURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Matalie Lamey	8622 235th Ave. Salem, WI	p Town □ Village Salem □ Cily	3/9/11
1. Matalie Lamey 2. Damiar Lamey	8622 235# Ave Salem, WI	Uvillage Salem  Strown Uvillage Salem  City Salem	3/21/11
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, Natalie Lame	Certification of Circulate	Dr, centify	y:

I reside at	03574 1714	, surcon	. <i>W.</i> J.		
	(circulator's residence	e - include number, street, and munici	ipality)		
district represented by the	s recall petition and personally obtaine officeholder named in this petition. 1	know that each person signed	d the paper with full kr	nowledge of its content on	the date indicated
	I know their respective residences give	n. I support this recall petition	n. I am aware mat iaisi	itying this certification is p	amishadie under
§.12.13(3)(a), Wis. Stats.	4/3/11	Mati	alie Lar	ney	
	(date)		(signature of circul	ator)	
	Please mail thi	s form to: Rec	eall Wirch	<i>(</i> /	<del>                                      </del>

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1668

GAD-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov/email: gab@wi.gov/

10: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22" District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

# STATEMENT OF REASON FOR RECALL

(The reason for recoll must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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1, Thomas L	Gehring Certific	ation of Circula	tor	and for
I,	(name of circulator)  4 + 5 + Kenps  (circulator's residence - inclu	3, W/ 53142 de number, street, and municipality	<i>y</i> )	, certify:
l personally circulated this recall pet district represented by the officehold opposite his or her name. I know thei § 12.13(3)(a), Wis. Stats.	ition and personally obtained each er named in this petition. I know r respective residences given. I su	of the signatures on this p that each person signed the pport this recall petition. La	aper. I know that the signe	ers are electors of the jurisdiction or of its content on the date indicated a certification is punishable under
	Please mail this fam		Lastinated of Circulators	<i>f</i>

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

1669 Page No.

JAD-170 (Rev 6/2007). The information on this form is expired by §§, 8.40 and 9.10. Wis State. his form is prescribed by the Government Accountefully Rosed, P.O. Box 7984, Madison, WI 53707, 1984 08-266-5005 http://gsb/n//ggb/n//gm

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

GAB-178 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. State,

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53107-7984
608-266-8005, http://gat.wi.gov\_erail: gab@wi.gov

22 District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Please mail this form to:

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
		MUNICIPALITY OF RESIDENCE	DATE OF
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE  Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1 Cina wilow	832 adam Dr.	Town O'Village City Surlington	) 3/24/1
2. Bred Erm'	1101 ROCKINGE Id	SLTOWN O VIllage Surling ton	3/24/11
3. Quinnanson	1101 Rock Ridge Rd	De Town U Village U City But I Majer	3/25/11
4.		☐ Town ☐ Village ☐ City	
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I reside at 1101 Rock of	Certification of Circulate SOV The of circulators Act Fol Bur Line 16 Sator's Genec - include number, street, and numicipality)	or , certify	;; 
I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective resi	petition. I know that each person signed the p	paper with full knowledge of its content o	on the date indicated

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# TO: Wisconsin Government Accountability Board

608-266-8005, http://gab.wi.gov email: gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

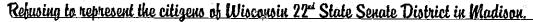
We, the undersigned qualified electors of the 22 Wiscousiu State Sexate District

petition for the recall of Robert Wirch 22<sup>4</sup> District State Squate of Wiscousiu (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)





THE MUNICIPALITY USED FOR MAILING THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ncipalli i of residence, is not s Falways be listed.	OFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address mustalso include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE O SIGNING
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Leil allerbuy Roio E. Stelenburg	Burlington LUT 53105	Divillage Builington Town Burlington	3-24
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<u> </u>					
1. Lori L	I. Vanchena Ce	ertification of Ci	rculator		, certify:
I reside at 3534	2-14th Street	Kenosha	·,WI	53144	-2979 .
	(circulator's reside	ence - include number, street, and	menicipality)		·
district represented by the	s recall petition and personally obtain officeholder named in this petition. I know their respective residences girth officers of the control	I know that each person seven. I support this recall p	signed the paper will etition. I am aware t OU (). //	th full knowledge of in that falsifying this ceremon that falsifying this ceremon that the same that	ts content on the date indicated
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	on this form is required by §§. 8.40 and 9.10, Wis. Stats. t Accountability Bourd, P.O. Box 7984, Madison, WI 532	P.O. Box 26	<ul> <li>Silver Lake,</li> </ul>	WI 53170	Page No.

	RECALL PETT
O: Wisconsin Government	Accountability Roand

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov email; gab@wi.gov

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. State

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

224 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.

Please mail this form to:



IUNICIPALITY OF RESIDENCE Indicate Town, City, or Village INVITATION Ilage INVITATION INVITATI	DATE OF SIGNING 3/24/11 3/24/11
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- Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# TO: Wisconsin Government Accountability Board

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov cmail: gab@wi.gov

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. State

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>rd</sup> Wisconsin State Senate District

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



SIGNATURES OF ELECTORS	F THE MUNICIPALITY OF RESIDENCE STREET & NUMBER OR RURAL ROU		DATE OF
SIGNATORES OF EDECTORS	Rural address must also include box or fire		SIGNING
Buerly Barnett	39921 90th Place & Lenoa City 1863	Solown  128 City Randoll	3-75-1
Suna de Salus	6514 7th PANE Kenote W1 53143	☐ Town ☐ Village ☐ City ☐ Com Star	3-25-11
Joya J. Jens	6514 7th AUR. Kenosho W. 53143	D Town U Village	3-25-1
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Beverly D. Rannott	Certification of Circu	lator, certif	· y:
side at 39921 With Kl.	name of circulator)  Town of Mandal  culator's residence - include number, street, and municip		-

opposite his or her name. I know their respective residences given. I support this regall petition. Lam aware that falsifying this certification is punishable under

Please mail this form to:

(signature of circulator)

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov cmail: gab@wi.gov

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wit. State,

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



	ig purposes, when different than mun of the municipality of residence must		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
·	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
Mary Nerhold	2230 47 Aug Kenoska W1 53144	Town Orles	3/27/
Frances Marfeld	1230-41 ans. Kenusha WI 53144	Q Town U Village Somers	3/27/11
Donal P. Meet	15ENOSHA 53140	Trown Dyllage Kenosha	3/29/1
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ide at 2230	(name of circulator)  - 47 Ave Kenogli  culator's residence - include number, street, and municipality)	hn WI 53/4	

opposite his or her name. I know their respective residences given. I support this recall petition, I am aware that falsifying this certification is punishable under

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

Please mail this form to: \_

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

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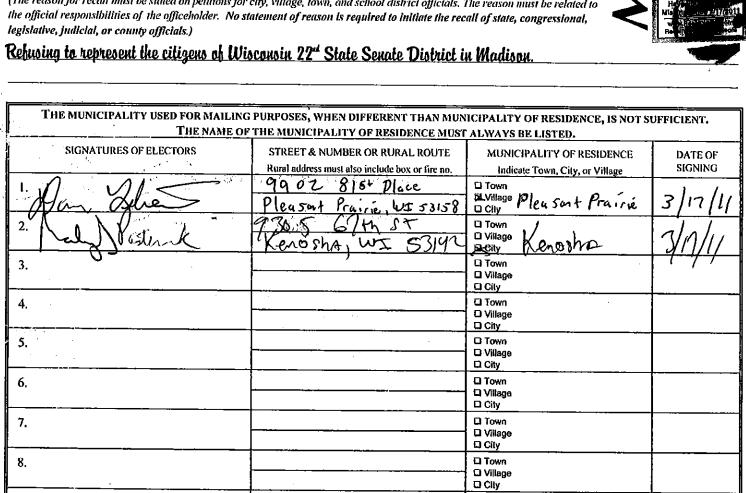
22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statuter

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)



. James A. Pasternak	ator, certify:
reside at 9305 67H (name of circulator) Kenosha (circulator's residence - include number, street, and municipal	WI 5314Z
personally circulated this recall petition and personally obtained each of the signatures on thi listrict represented by the officeholder named in this petition. I know that each person signed apposite his or her name. I know their respective residences given. I support this recall petition.	the paper with full knowledge of its content on the date indicates
(date)	S. Fasternal (signature of circulator)

Please mail this form to:

Recall Wirch

□ Town □ Village □ City

□ Town □ Village ☐ City

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, W1 53707-7984 608-266-8005, http://gab.uj.gov email; gab@ni.gov www.RecallWirch.com • RecallWirch@gmail.com

Page No.

OPEN

# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(junsdiction or district of officehold

petition for the recall of Robert Wirch

# 22 District State Sexate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUS	VICIPALITY OF RESIDENCE, IS NOT S	SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
feiter pays	9000. 226th (+ 1B Salem, 6) 5 53168	Allown Salem	3-18-11
2. HALL HALL	6325-184 Aug. DRISTOL, WIT 53104	String Brittle	3-10-11
Barbara J. Combeck	9000 226th C+ 1B	Trown O Village O City Lalem	3-16-11
1. Popin Iwn	Silver Lake WI.	U Town DrVillage SIX VER LAKE	3-23-11
5. Noffee Doc	416 S. Cogswell Ot. Silver Laka, WI	D Town R Village SILUCIR LAKE	3-23-11
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10.		□ Town □ Village □ City	

	O City	
1. MARY RIVERS	Certification of Circulator	, certify:
I reside at 9000 - 32674 C+	ne of circulator)  Lind 1 B, Salem, WT  tor's residence - include number, street, and municipality)	
district represented by the officeholder named in this j	lly obtained each of the signatures on this paper. I know that the petition. I know that each person signed the paper with full know ences given. I support this recall petition. I am aware that falsifying	dedge of its content on the date indicated

Please mail this form to:

Recall/Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. [676

GAB-170 (Rev. 6/2007). The information on this form is required by §§ 8.40 and 9.10. Wis. Stats.
This form is presented by the Government Accountshifty Board, P.O. Boo. 7694. Madison, WI. 53707-1984
668-668-668-668.

april 3, 2011

# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

petition for the recall of Robert Wirch

# 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, villoge, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAII THE NAME	ing purposes, when different than mui e of the municipality of residence mus	NICIPALITY OF RESIDENCE, IS NOT T ALWAYS BE LISTED.	Supplicient.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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		□ Town □ Village □ City	

I, Denis M. Hansen Certification of Circulator	, certify:	
I reside at 170 Waters Edge Circle, Burlington, Wisconsin 53105		
(circulator's residence include number, street, and municipality)		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

March 3, 2011

Jens M. Hamen

Please mail this form to:

(signature of circulator)
Recall Wirch

GAB-170 (Rev.6/2007) The information on this form is required by §5. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accommodality Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8003, <a href="http://gab.wiserv">http://gab.wiserv</a> etnail: gab@wisgov

WWW.Re

P.O. Box 26 • Silver Lake, WI 53170

ms tillian at Orași a sa d Osași d	RECALL PETITION		
TO: Wisconsin Government Accounts	AULULU BOOLA with whom nomination papers or declaration of candidacy for the	office is filed)	TORAL MILES
•	c 22 <sup>d</sup> Wisconsin State Senate Distric		Milk
•	(jurisdiction or district of officeholder)	<i>₹/14m(n≥p</i>	Have you seen me?
petition for the recall of Rabert Wirch	22 <sup>rd</sup> District State Senate of Wiscon (name of officeholder to be recalled and office)	win	To continuo need (and (a))
from office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	A THE STATE OF THE
the official responsibilities of the officeholder. I legislative, Judicial, or county officials.)	STATEMENT OF REASON FOR R s for city, village, town, and school district officials. No statement of reason is required to initiate the re	The reason must be related to call of state, congressional,	www.RecalfWireh.com RecalfWireh@gmail.com (282) 238-9422
<u>Refusing to represent the citizens of </u>	Wisconsin 22d State Senate District	in Madison.	<del></del>
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	E OF THE MUNICIPALITY OF RESIDENCE MUS		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jan L	2610 Red Oak Dr	Dylown O'linge Burlaston	3/31/1
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30	2610 Red Oak Dr	Williage Burlington	4/1/11
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10.		☐ Town ☐ Village ☐ City	
I, Joshun Kuch	Certification of Circulat	or, certify	y:
1100100 00	(circulator's residence -include number, street, and municipality)	<del></del>	
district represented by the officeholder named it opposite his or her name. I know their respective §.12.13(3)(a), Wis. Stats.	ersonally obtained each of the signatures on this part this petition. I know that each person signed the eresidences given, I support this recall petition. I a	paper with full knowledge of its content	on the date indicated
(date) Ple	ease mail this form to: Recall \		المسما

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis, Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
668-266-8005, <a href="http://igab.wi.gov">http://igab.wi.gov</a> winstil: gab@wi.gov

W

O: Wisconsin	Government	Accountability	Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST		OFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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1. Pamela 715/1	3614 Lake St	extown  O Village  O City  Burlington	3-2-11
2 Carydon Fich	Burlington, WI 53105 3614 Lake St Burlington, WI 53105	Town Burlington	3/23/
3. Lori Gallenberg	Burlington 21 53105	artown Utillage City Burlington	3/23/11
CRAIG FOX	29638 Ketterhygente Burlingfu Un 53105	Detrown Colly Buy lington	3/25/1
· Patricia A. Staege	3620 Lates9 Burlington, W1 53/05	Bitown Buthington City	3/27/11
s. bale 1. Welke	30822 Ketterhagen Burllistin, W.	D'Illage Burling ton	4/3/
"Monca X Weeke	30822 Ketterhages Burlington WI	Strown Unilage Burlington	4.3.11
Kelsey i Weike	30823 Ketterhagen Rd Bushington, Wif	oriown bulington city Bulington	4-3-1
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		□ City	
1. BRINN Fish	Certification of Circula	tor	, certify:
Ireside at 3614 LAKE ST	name of circulator) Burungton WI	53105	
	culator's residence - include number, street, and municipalit	y)	
I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective restances \$.12.13(3)(a), Wis. Stats.	is petition. I know that each person signed the	e paper with full knowledge of	its content on the date indicated

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

	RECALL PETITION		
TO: Wisconsin Government Accounta	<b>willing Board</b> The whom nomination papers or declaration of candidacy for the	office is filed)	(0.11)
•	22 <sup>nd</sup> Wisconsin State Senate Distric		Milk
	(jurisdiction or district of officeholder)		2 Have you seen me?
petition for the recall of Robert Wirch	22 <sup>nd</sup> District State Sexate of Wiscon (name of officeholder to be recalled and office)	uoiu	
from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
(The reason for recall must be stated on petitions	STATEMENT OF REASON FOR R for city, village, town, and school district officials.	The reason must be related to	Www.RecallWirch.com
the official responsibilities of the officeholder. N legislative, judicial, or county officials.)	o statement of reason is required to initiate the re	call of state, congressional,	RecallWirch@gmail.com (262) 298-9422
Refusing to represent the citizens of L	Visconsin 22 <sup>d</sup> State Senate District	in Madison.	
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	ING PURPOSES; WHEN DIFFERENT THAN MU OF THE MUNICIPALITY OF RESIDENCE MUS		Sufficient.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Debre D Maryen	9005 Laki Vark Dr	UVILLEGE CONVACITY	4/2/11
1. Delve D Maryen 2. Robert & Many En	4005 Lake Park DR	Villege Gen of CHY	4/2/11
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	Certification of Circulat	or	<del></del>
I, Nelve NM	anyler (name officeulajas)	, cert	ify:
I reside at 9005 Jake Park	circulator's residence - include number, street, and municipality	53/28	
I personally circulated this recall petition and pe	rsonally obtained each of the signatures on this pa this petition. I know that each person signed the	aper. I know that the signers are elector	rs of the jurisdiction of
opposite his or her name. I know their respective §.12.13(3)(a), Wis. Stats.	residences given. I support this recall petition. I	am aware that falsifying this certification	i is punishable under
(date)		(signature of circulator)	·
	ase mail this form to: Recall V	I Page (	No. 1680
GAB-170 (Rev.6/2007) The information on this form is required by \$4.8.40 a This form is prescribed by the Government Accountability Board, P.O. Box 79 608-266-8005, http://gab.wi.gov.cimail.gab@wi.gov	und 9.10, Wis. Stats. P.O. Box 26 • Silve Www.RecallWirch.com • F	r Lake, Wi 53170	1000

toto o o o o o o	RECALL PETITION		
Di Wisconsin Government Accountab	<b>ility Board</b> In whom nomination papers or declaration of candidacy for the	iffice is filed)	6 (004)
· · · · · · · · · · · · · · · · · · ·	22 <sup>d</sup> Wisconsin State Senate District		Milk
· ·	(Jurisdiction or district of officeholder)		Have you seen me?
ition for the recall of Robert Wirch	22 <sup>rd</sup> District State Sevate of Wiscon (name of officeholder to be recalled and office)	siu	
m office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10		10000
official responsibilities of the officeholder. No islative, Judicial, or county officials.)	STATEMENT OF REASON FOR RE or city, village, town, and school district officials, a statement of reason is required to initiate the rec	The reason must be related to all of state, congressional,	www.Recallyfech.com Recallyfech@small.com (262) 298-9422
<u>fusing to represent the citizens of W</u>	lisconsin 22d State Senate District i	n Madison.	· · · · · · · · · · · · · · · · · · ·
THE MUNICIPALITY HOER EAR MAIL IN	ig purposes, when different than mun	IICIDAT ITV OF DESIDENCE. IS NOT	SUPPLCIENT
the state of the s	OF THE MUNICIPALITY OF RESIDENCE MUST	. ***	, oe bacabacta
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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An South	Burunton wi 5310	Town By Williage Bu Williage	4/01/11
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Krustie Fitz Cho	Certification of Circulate	or , certif	<b>y</b> :
eside at 832 Textonic	(name of circulator)  Burwith  culture fresidence - include number, street, and municipality)	01 53105 City	of Buling
ersonally circulated this recall petition and pers rict represented by the officeholder named in the cosite his or her name. I know their tespective re 2.13(3)(a), Wis. Stats.	onally obtained each of the signatures on this pay his petition. I know that each person signed the p esidences given. I support this recall petition. I an	aper with full knowledge of its content in aware that falsifying this certification CLSCUOLO	on the date indicated
(date) ' . Plea	se mail this form to:	(signature of circulator)	· <del></del>

Please mail this form to: Recall Wirch

GAB-170 (Rev. 6/2007) The information on this form is required by \$4. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accounsability Board, P.O. Box 7984, Medison, WI 53707-7984

WWW.RecallWirch.com • RecallWirch@gmail.com

# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUNTHE MUNICIPALITY OF RESIDENCE MUST		JFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
A SIGNATURES OF ELECTORS	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Janko Ontanto	44/4 88h- Place	□ Town	-1- 1
The state of the s	Kenighe WI 53142	Village Kenosha	3/30/11
2. 10hm M. V.A.	3319 15th Street	Town DVillage Symers	3/20/11
10/11/11/DUD)	APT2B	© City	1130/11
3/W/ 1 M. l. L	11306-911 Ave	☐ Town  ☑ Village	2/20/11
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4. Muliel The	Kenechu WI	O Town O Village ACity  Kenusha	3-30-11
5.1	6912 120 UACK LANE	⇒ <b>9</b> Town	1 1
Autor Lann	BURETOUTON WI SZIO	□ Village Bullum 570 . □ City	<del>4 1  </del>
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, ROBERT LEIPZIG Certification of Circulator, certify:			
(na	ume of circulator)	53171	
reside at 8/0/ - /OP (circu	SOMER 5 W (lator's residence - include number, street, and municipality)	371/1	•
(circu	and o residence - include number, ancer, and indincipality)		

(circulator's residence - include number, street, and municipality)
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicate apposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis, Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53107-7984
608-266-8005, <a href="http://gab.ni.gov">http://gab.ni.gov</a> email: gab@wi.gov

WWW.Re

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountabil	RECALL PETITION	of which h	OPEN
We, the undersigned qualified electors of the $\underline{2}$	vhom nomination papers or declaration of candidacy for the 2 <sup>rd</sup> Wiocousiu State Senate District jurisdiction or district of officeholder)	/	MISSING
· ·	2 <sup>rd</sup> District State Senate of Wiscont (name of officeholder to be recalled and office)	<b>.</b> .	WISSING
from office pursuant to Article XIII, Section 12	of the Wisconsin Constitution and §.9.10		
S (The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No st legislative, judicial, or county officials.)		The reason must be related to	Have you seen me? Missing since 2/17/2011  WWW.RecalfWirch.com RecalfWirch@gmall.com
Refusing to represent the citizens of Wi	oconsin 22 <sup>nd</sup> State Senate District i	н Madisoн.	
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	NICIPALITY OF RESIDENCE, IS NOT	SUFFICIENT.
	THE MUNICIPALITY OF RESIDENCE MUST		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gas a S/07/2	17th street apt 7	Town   Village KC1091 a	3/30/11
2. Tyli Ill	Keniha, WE 53140	D Town P Village KEN 85 HA	2/30/11
3. Jeane Forken/	3524 10 AVG Kenosha W. 53NA	Town Utiliage of = 1 1 5/1 0	7/30/11
4 Hartand Thomason	5923 6th Para	Arcity C TOWN C	3/30/11
5. Waly Sta	6/2 15th PL H1 53140	□ Town □ Village Kenost	05/30/11
6.	(XEIV) C	☐ Town ☐ Village ☐ City	
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1. Jacqueline F I reside at 8707-10+4	Certification of Circulate	or, certif	· ·y:
I reside at 8707 - 10 + 4 / (circu	and of circulatory    Somers    Ilator's residence - include number, street, and municipality)	·	
I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective resi	nally obtained each of the signatures on this page petition. I know that each person signed the p	paper with full knowledge of its content	on the date indicated

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com Page No.

§.12.13(3)(a), Wis. Stats.

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Suts.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-1984
608-266-8005, <a href="https://doi.org/10.1007/journal.com/html/do

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22° Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22" District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison



(8)			
	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET' & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. A Jalla Holemon	7846-19h bue	☐ Town ☐ Village	02/24/11
70224	Knode WD 53143	arthy fluesthe	<u> ज्याच्या ग</u>
2. Nucole of accord	2523-315+ Stree+	☐ Town ☐ Village	4
75-50 CV / 1. CWCM2-4	Kenosha, WI 5340	acily Kenosha	2/24/11
3. TAM /21/06	501 49 AVE	DYTown SOMERS	1/24/11
1010 41667	Kenosha w. 53144	☐ City	/ '/
4. JEANNE SCRUGGS	565- 49AUX KRAIN (M) LC 53 144	QTown SomeRS	2/24/11
5. 10	KPNOShA 53144	□ Town	, , , , ,
FAMOU ) FRRAND	5021-41. and	1 Village DENOSHA	9/24/1
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9.		☐ Town ☐ Village ☐ Cily	
10.	100000000000000000000000000000000000000	□ Town □ Village □ City	
1 4 11 50	Cartification of Circulate		

Certification of Circulator	
reside a 501 49 AVE KENDShift WI 53144 SOMERS	-
(circulator's residence - include number, street, and numicipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall potition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to

Recall Wirch

Page No.

GAB-170 (Rev. 6/2001) The information on this form is required by §§. 8.40 and 9.10, Wig. State This form is prescribed by the Government Accountability Board, P.O., Box 1984, Madison, WI 53707-1984

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

648-266-8903, http://gob.wi.go. email: gab@wi.gov

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	<del></del>
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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20	1015 Meadow DR.	Toyar Civilage Civilage	2 1- 1
Calvin Siglipan	Silver Lake WI 53170	a city Silver Lake	5-27-11
3(1) $0$ $1$ $1$	4345-235th Ava	Town Diffage	alant,
(lall / Sallanman	PADDOCK LAKE, WI 53168	Cily /AD JOCKLAKE	3/2//11
4. 1	24855 1044h St	ATTOWN THE THE	7 10 1
Suranu Attand	TREVORWI 53179	City Salam	3-27-11
5. N 11 1	26855 104Lh St	DoTown Salem	
James Deelen	TROVOR WI	City RIVON	327.11
6	24907 64TH STREET	□ Town	2 77 11
6. Wen P. Mills	PADDOULLAIGE W/ 53/60	City PAPOULLARE	3-27-11
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	Certification of Circulate	\ P	
1. Matt Endres	Certification of Circulate		
i, rigou cirrores		, certify	у.

1, Matt Endres, ce	certify:
I reside at 1107 53rd SV. Apt 3203 Kenushu, WI 53140  (circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12,13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev. 6/2007). The information on this form is required by 68, 8.40 and 9.10. Wis, Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov/cmail: gab@wi.gov

то: Wisconsin Government Accountab	R ililu Baaka	ECALL PETITION		
tofficial with	th whom numination	t n papers or declaration of candidacy for the	office is filed)	OPEN
We, the undersigned qualified electors of the	22d Wiscon	<u>win State Senate Distric</u>	<u>t</u> ,	Milk
petition for the recall of Robert Wirch	22 <sup>rd</sup> Distric	striet of officeholder)  L State Senate of Wiscon  f officeholder to be recalled and office)	10in	MISSING
from office pursuant to Article XIII, Section			of the Wisconsin Statutes.	
(The reason for recall must be stated on petitions fo the official responsibilities of the officeholder. No legislative, Judicial, or county officials.)	or city, village, i statement of re	ason is required to initiate the re	The reason must be related to call of state, congressional,	Have you seen me? Rissing since 2/17/2011 www.RecallYirch.com RecallYirch gmail.com
<u>Refusing to represent the citizens of W</u>	<u>lisconsin 22</u>	<u>"State Senate District</u>	in Madison.	<del></del>
THE MUNICIPALITY USED FOR MAILIN THE NAME O	G PURPOSES, OF THE MUNIC	WHEN DIFFERENT THAN MUS PALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS N F ALWAYS BE LISTED.	OT SUFFICIENT.
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personally circulated this recall petition and personally circulated this recall petition and person istrict represented by the officeholder named in the pposite his or her name. I know their respective respective respec	nally obtained is petition. I ki sidences given.	each of the signatures on this par	aper with full knowledge of its con	tent on the date indicated.

(signature of circulator) Please mail this form to: - Recall Wirch GAB-170 (Res. 6/2007) The information on this form is required by §§ 8.40 and 9.10. Wis. State.

This form is presented by the Government Accountability Beard, P.O. Box 7984, Madison, WI 53107-7984

FO. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 224 Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.

Please mail this form to:

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.10. Wis. Stats.
This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov.email.gab/g/wi.gov



THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUN	NCIPALITY OF RESIDENCE, IS NOT	SUFFICIENT.
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4. Jane O Panaule	434 8th SI	D VIllage SOMERS	4/2/11
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Linda Dill	LIGI BHA PL Kunosha	Driown Somuer	4/2/11
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LU JOHN ONL N	ame of circulator)		
	ve Kenosher lator's residence - include number, street, and municipality)		<del></del> -
personally circulated this recall petition and person district represented by the officeholder named in this piposite his or her name. I know their respective resis 3.12.13(3)(a), Wis, Stats.	ally obtained each of the signatures on this page	aper with full knowledge of its content a	on the date indicated
(3/12.15(5)(a),  Wis, Stats.)	- Ronald K	911 I	
(date)		(signature of circulator)	<del>-</del>

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

608-266-8005, http://gab.wi.gov\_email; gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District (jurisdiction or district of officeholder)

22d District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

# STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Repusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	NICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.		
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
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$11(A\alpha\alpha\alpha)$	se of circulator)				
	eights Dr. Plyma	outh, WI 5307	<u>3                                    </u>		
	tor's residence - include number, street, and municipality)				
I personally circulated this recall petition and personal district represented by the officeholder paned in this a	lly obtained each of the signatures on this pape	r. I know that the signers are electors of	the jurisdiction or		
district represented by the officeholder named in this proposite his or her name. I know their respective reside 8.12.13(3)(4). Wie Stote	CUUCII. I KNOW INAL CACII DETSON GIOREA THE NAI	per with full knowledge of its soutest as	Aller Bree 1 . Block 1		
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	mail this form to: Recall Wi	•			
GAB-170 (Rev. 6/2007) The information on this form is required by §8, 8.40 and 9.10, this form is prescribed by the Government Accountability Beard, P.O. Box 7984, Madis OR 446 806 1000	DO D. 00 011 1		1688		

# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22<sup>d</sup> Wiscousiu State Sexate District** (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

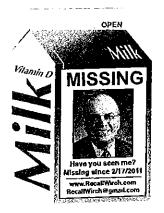
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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5. Jusa Vigansky	10730 79 42 St Pleasand Prairie 53158	Drown R. Prairie.	4/2/11
6. File Dobul	11004-791 St. Pleasant Provide 53158	Drown Drillage PL. Prairie	4/2/11
7. Dana Merkes	MOY 79MSt Plasant Plance 5368	D Town  Savillage  City  City  Valvie	4/2/11
8. Sara Merkes		D Town  DESTRIBUTE  D City	4/2/111
9. LYDIA GIRISWOLD	7963 10944 Provide Not 5319	Drown Bevillage ? Leasant Prairie	4/2/11
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10 Plutchok P. P. Wi 53158	☐ Town  IdLVillage ☐ City	((	1 1	4/2/11
Certification of Circulate (name of circulator)	or		, certify	;
I reside at 3571 S. 82 <sup>Nd</sup> St. Milwarker wz (circulator's residence - include number, street, and municipality)		<u> </u>		
I personally circulated this recall petition and personally obtained each of the signatures on this padistrict represented by the officeholder named in this petition. I know that each person signed the appropriate his or her name. I know their respective residences given. I support this recall petition. I at $\S.12.13(3)(a)$ , Wis, Stats.	paper with full I	knowledge o	of its content o	n the date indicated

Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1689

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, http://gab.wi.gov email: gab@wi.gov

(date)

# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wiscousin

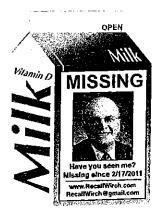
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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9. For De	11327-77 87.	MCVillage PL PARCE	4-2-11
10. Ray Jense	1928 112TH AVE	D Town Designed REASANT PAARIE	4/2/11
	Certification of Circulato	r	

1. Caroline A.	Certification of Circulator	. certify:
I reside at 12716 257th	(name of circulator)  AUR TYRUY, W = 53179,  (circulator's residence - include number, street, and municipality)	town of Salpm

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

Page No. (9)

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis, Stats.
This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI. §3707-7984
608-266-8005, <a href="https://gob.wi.gov">https://gob.wi.gov</a> email: gab@wi.gov</a>
W

# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

# We, the undersigned qualified electors of the 22th Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

SIGNATURES OF ELECTORS

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wir. Stats

608-266-8005. [http://gab.wi.gov.email: gab@wi.gov

This form is prescribed by the Covernment Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

# STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

STREET & NUMBER OR RURAL ROUTE

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison

Please mail this form to:



MUNICIPALITY OF RESIDENCE

(signature of circulator)

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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I reside at 12116 257 42	re of circulator)  AUR, TVR VOY, WIL  tor's residence - include number, street, and municipality)	53179, town of	Salem
I personally circulated this recall petition and personal district represented by the officeholder named in this proposite his or her name. I know their respective resides §.12.13(3)(a), Wis. Stats.	lly obtained each of the signatures on this pape	ner with full busyels day of its sentent and	the Jack State of A

TO: <u>Wisconsin Government Accounta</u>	RECALL PETITION bility Board		OPEN
	ith whom nomination papers or declaration of candidacy for the	/ 187	
We, the undersigned qualified electors of the	22d Wisconsin State Senate Distric	<u>t                                     </u>	Milk
	(jurisdiction or district of officeholder)	Vilanin L	MISSING
petition for the recall of Kolubit Wirch	224 District State Senate of Wiscon (name of officeholder to be recalled and office)	win	
from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
he official responsibilities of the officeholder.  No legislative, judicial, or county officials.)	STATEMENT OF REASON FOR RESON FOR RE	The reason must be related to call of state, congressional,	Have you seen ma? Missing since 2/1/201 Www.HacallYirch@gmail.com RecallYirch@gmail.com
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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Dennis A. Gasper	Certification of Circulate	or , certify	»:
_ <b>_</b>	(name of circulator) Or Plamout	h. WI 53073	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date) (signature of circulator

Please mail this form to:

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Medigen, WI 53707-7984
608-266-8005, <a href="https://giph.wi.com">https://giph.wi.com</a> email: gab@wi.gov

WWW.Rec

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
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l reside at	(name of circulate	5// /	341 St.		
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district represente	ated this recall petition and personally obtained by the officeholder named in this petition. I name. I know their respective residences given. Stats.	know that each perso	on signed the paper with	full knowledge of its c	ontent on the date indicated
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	Please mail thi	s form to:	Recall Wirch	Г	1

GAB-170 (Rev.6:2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, <a href="https://gobwi.gov">https://gobwi.gov</a> email; gab@wi.gov

WI

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22" District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.			
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING			
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING			
1. / D	8611-1137h21VR	Willage Plasant	11/1/1			
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I reside at S245 23	7TH AUX PROA	OCK LAKE WI 5	3168			
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I personally circulated this recall petition and person	pally obtained each of the signatures on this pa	per, I know that the signers are electors	or the jurisdiction (			
district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall perition, I am aware that falsifying this certification is punishable under						
\$.12.13(3)(a), Wis. Stats.						
9/4/11 John D. 1808 C.						
(date) (signature of circulator)						
Please mail this form to: V Recall Wirch						
GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9. This form is prescribed by the Government Accountability Deard, P.O. Flox 1984, M.	ladison, WI 53707-7984	• • • • • • • • • • • • • • • • • • •	ΙΨ [-]			
608-266-8005, http://gab.wi.gov/email: gab/g/wi.gov	www.RecallWirch.com • Re	ecaliWirch@gmail.com				

# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 224 Wiscousin State Senate District

(jurisdiction or district of officeholder)

SIGNATURES OF ELECTORS

JS:AM

# petition for the recall of Robert Wirch 224 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

# STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

STREET & NUMBER OR RURAL ROUTE

Rural address must also include box or fire no.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

8619

11

Refusing to represent the citizens of Wisconsin 22<sup>rd</sup> State Senate District in Madison.



DATE OF

SIGNING

MUNICIPALITY OF RESIDENCE

Indicate Town, City, or Village

□ Town

City City

**₽ Village** 

2 Cala TAO and	(11) (1	☐ Town ☐ Village 7 ′ ′/	4/7/11
3.	11201 - 86th St	☐ City ☐ Town ☐ Town ☐ Town	1/2/11
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I. JOHN A	Certification of Circulate	Or , certify	
I reside at 6245 - 237	ne of circulator)  THAVE PAGES (Altor's residence - include number, street, and municipality)	LAKE, WI 5316	
I personally circulated this recall petition and personal district represented by the officeholder named in this opposite his or her name. I know their respective resides 12.13(3)(a), Wis. Stats.	lly obtained each of the signatures on this papetition. I know that each person signed the p	aper with full knowledge of its content or a ware that falsifying this certification is	a tha data indiastad
	mail this form to:	(signature of circulator)	1
GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Mad- 608-266-8005, <a href="https://gab.wi.gov">https://gab.wi.gov</a> email: gab@wi.gov	Wite State D.O. David G.C. a. Ollinson	Lake, WI 53170	1695



# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no. 1	Indicate Town, City, or Village	SIGNING
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2.STEVES CIMA	5933 PERSHING	ロTown ロVillage 母City といめらしん	Q2 APRIL
3. Sheree Hagen	Silver Lake, wil	D TOWN  Wyllage Silver  City	4-2-10
4. DAVID KRUSZELNICKI	KINDSNA	O Town City  City	4/2/16
5. ROBERT PONTILLO	PLEASANT PRAIRIE	Utillege Peas Prairie	4-2-11
"- Prale & Whiteride	1765 1944 AVA	U Town U Village White KTAUSHU	4/2/11
7. CACL	6921 13th AUE KENOGHA WE 53143	U Town U Village Ex City	4/7/11
8 M SI	10016 6471 ST KENOSHA, WI S3142	U Town U Village UCity  LENOSHA	4/2/11
9. Du M. P.A	Pleasing Prince WI Suit	D Town Sa Village Pleasont Prairie	4011
10. Eddir NVig	4700-644 Sleet Kenushu, w 53142	O Town O Village Ricity Kphosha	4/3/1/

RI.	Certification of Circulator	· — · · · · · · · · · · · · · · · · · ·
1, VAII (D)	Boehmky Certification of Circulator	, certify:
I reside at 33/2	HIJUL INE DI WOODStack	21 60098
	(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. Lam aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

Page No. 196

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madisco, Wt. 537(7):7984-608-266-8005, <a href="http://gab.wii.eov">http://gab.wii.eov</a> cmail: gab@wi.gov

# TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.					
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
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3. Standa doban	754829AV-	O Village Kenosha	1-2-11		
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5. C. J. C.	203 AS54 Street Kencha W153140	Town Utilage Kenosha	4/2/11		
6 John R. Mohnen	78/2 30th AM.,	□ Town □ Village 1/	4/2/2011		
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8. Jennjer Dodd	Renosha W15346	Orom City Kensha	4/2/2011		
9. John M	1519 74th st Kenosla 2290	D Town D Village Ke 1654a	4/2/2011		
10.	908 7200 3+	a Village K ( M) Lin	4/2/11		
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1, Pholop Boolink	me of circulator) Le D1. Woodstade	21 60098	
(circul	ator's residence - include number, street, and municipality)		
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Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No.

(date)

§.12.13(3)(a), Wis. Stats.

# TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>d</sup> Wiscousiu State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

#### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE					
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
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// -	Pleasing Plane WI53158	Ocily Physon Paic	3/20/11		
8. #P/ ##P	6516-42 ave	□ Town □ Village ② / )	. /		
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10.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
DAGASH (NAMPION)	KENOSHA, NI 53144	A City KENUSHIA	3/22/11		
	D Certification of Circulato	r			
1, Kathleen Mi	Decker	, certify:			
I reside at 6603-430d Alp, Keyn sha (V) 53142					
(circulator's residence - include number, street, and municipality)					
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or					
district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated					
opposite his or her name. I know their respective residences given. I support this recall petition./I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.					
-42-2011 - Karther 1/h 120/cm					
(date)  (date)  (signature of circulator)  Please mail this form to:  Recall Wireh					
GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.  DO Boy 26 a Cilyon Lake Will F2470  Page No. 1/94					
this form is prescribed by the Government Accountability Board, P.O. Box 7984, Mac 08-266-8005, [http://gab.wi.gov/email: gab@wi.gov	5500, WI 53707-7984		1610		
*266-8005, (http://pab.wi.gov crossit: gab@wi.gov www.RecallWirch.com • RecallWirch@gmail.com					

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LU;	WWWWW	Government	Account	aouru	מתמוכו

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

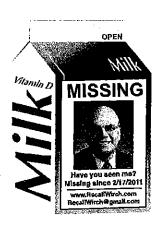
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

# STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	NCIPALITY OF RESIDENCE, IS NOT SI	UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Spen from	7743 36th Ave Kenosha WI 53142	Town Kenasha	4/2/11
& Gory Childen	10245, 66A & 21), Pleasent Prime W,53157	Town PASON Plaise	4/2/11
3. Gene Olson	4222 79 St Kenosha WI 53142	O Town O Village Kenosta	4/2/11
4. Rul Pascue	Logay 30th pre Kenocha WI 53142	☐ Town ☐ Village Kouzilu ☐ City	4-2-11
5. Spe Javer	REMEDIA 92/49 POR	D Town D Village Britis	4.3.11
6 Culif P	3025 1742 St	U Village Keyash	4-2-11
7. p	23405	D Town D Village SD City CAC	4-2-11
8. Jessmad. L. K	8510-82 St. #104 Pleasnab Prairie, MI	D Town Solvillage Planny Prairie	4/2/11
9. John Horne	(530, 20 4 Ave Venska, MI 53/43	Trown Village Procity	4/2/11
10. Jan Des	16553-49 AVE Kerosha W+ 53/42	DVillage Mersta	4/2/11
Kathleen M. Becker , certify:			
reside at 6603-4310 fee Levo Sha, W' 53142			
personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or			

(circulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper i know that the signers are electors of the jurisdiction district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indice opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable und §.12.13(3)(a), Wis. Stats.	cated

(date) Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No.

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov.comil: gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



·	·				
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
1.	12225 3674 AVE	□ Town	, ,		
dunk in	PLEASANT PRAJEIS	D'Village ACASAN YU /14	4/2/11		
2.9	7405 45th AV	Town ()	1/10		
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Clid Maun	Kenuta wi	City Key 349	4/2/11		
401	3209 86th PL	□ Town			
Murhalta	KENOSHA, WI	Village Phosh a	4/2/11		
5.	3209 86 th Place	□ Town	11/1		
Your L. Lanua	Kenisha Wi	U-city ROSAG	4/2/11		
6. 1 1 0 - 0	8519 48 Ava	C) Town	11/1		
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7	8519 48 Ave	O Town			
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8. 17 B. W.	4125 614 ST	D Town	. / /		
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9. 1/2	21087 BURLINGTON RD	X Town PAQ\S	. 1 /		
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10.	2087 tenting to like	GI-TOWN PARIS			
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May fiel-	Union Dura, W.S. 53/82	2007			
\ Certification of Circulator					
1. James R Thiertelder, certify:					

They find	Union Drawn Wo	53/82	City 1000	me	4/2/11
1 James P This	Certification of	of Circulate	or	, certify	
I reside at 9907 Dunkel	(name of sirculator) OUN Control Franks		53126	, corning	
I personally circulated this recall petition and p		gnatures on this pay	per. I know that the signers		
district represented by the officeholder named apposite his or her name. I know their respective \$12.12(2)(2) Wie Stete	in this petition. I know that each property this	person signed the precall petition. I are	paper with full knowledge on aware that falsifying this	of its content o certification is	on the date indicated punishable under
§.12.13(3)(a), Wis. Stats. 4/2/201		un Jarge	(signature of circulator)		
Pi	lease mail this form to:	Recall V	Virch		1-0 0

P.O. Box 26 • Silver Lake, WI 53170

Page No. | 700

GAB-170 (Rev.6:2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gsb.wi.sov email: gsb@wi.gov

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